

Name
in
Full

Mary X Lible.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monticue Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>28</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Carroll Co.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>X</i>			Name of Wife or Husband				
Father's Name <i>X</i>				Father's Birthplace <i>X</i>			
Mother's Maiden Name <i>X</i>				Mother's Birthplace <i>X</i>			
Name of person giving information <i>H. H. Shook, Nurse</i>				How related to deceased <i>X</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Dementia</i>	How long	<i>154</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. S. Lyson M.D.</i>	
		Address <i>Frederick Md</i>	
Accident or Suicide?			



P

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret Antuill*

Died at *Middletown* ^{Town} *Fredrick* ^{County}

MARYLAND

Date of death *1906* Month *Oct-* Day *9* Age *70* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Ireland*

Occupation *Artist* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Christopher Antuill* Father's Birthplace *Ireland*

Mother's Maiden Name *Margaret Daly* Mother's Birthplace *Ireland*

Name of person giving information *Marshall Scott* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *General Debility -* *(66)* How long *6 mos*

Immediate *Paralysis* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. C. Lamon, M.D.*

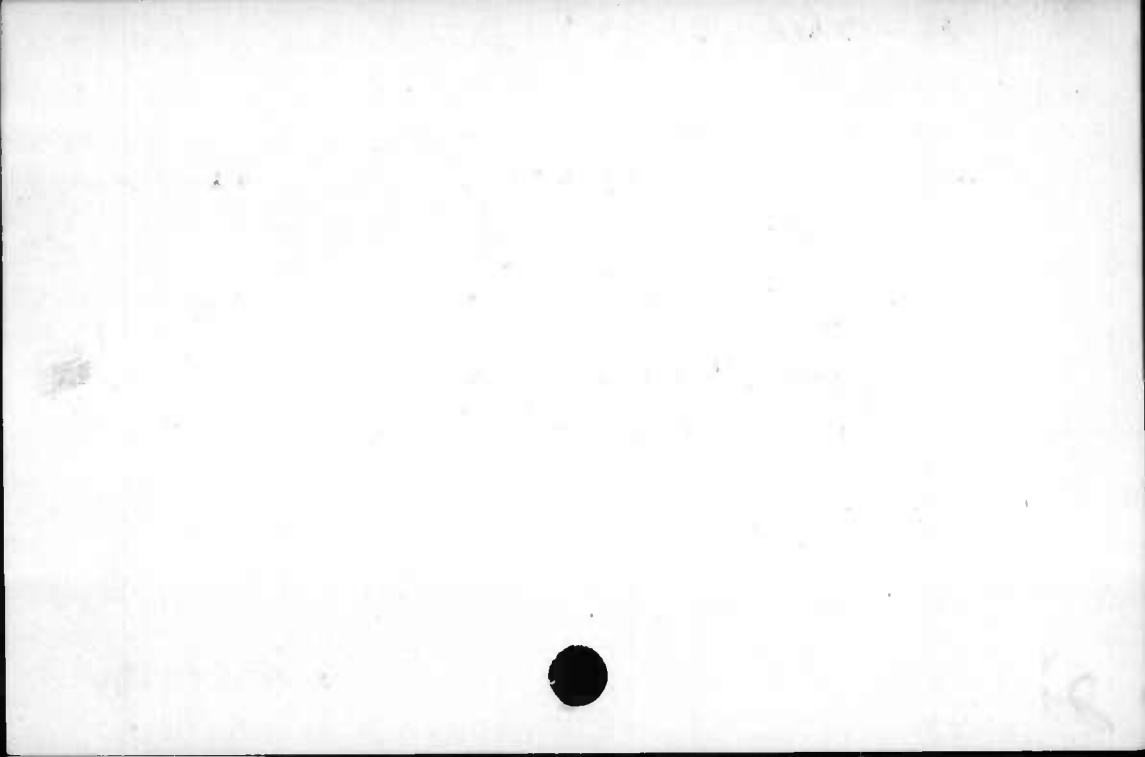
Address *Middletown*
MD

Accident or Suicide? _____



P

Name in Full		George Blessing						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Buckeytown			County			MARYLAND		
	Date of death	1906	Month	Oct	Day	22	Age	65	Months	7
	Sex	Male		Color or Race	white		Birthplace	Md		
	Occupation	School Teacher				Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband	V. T. S. Blessing					
	Father's Name	_____						Father's Birthplace	_____	
	Mother's Maiden Name	_____						Mother's Birthplace	_____	
	Name of person giving information	Mr. O. E. Keller						How related to deceased	Son-in-law	
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Old Age					How long	2 yrs		
	Immediate	Pneumonia					How long	2 days		
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	T. Clyde Roulston		
	Address	Buckeytown								
Accident or Suicide?										



Name
in
Full

William Brandenburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Kemplo* Town *Pr* County
Date of death *1906* Month *Oct* Day *21* Age *6* Years Months _____ Days _____
Sex *Boy* Color or Race *White* Birth-place *Kemplo*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Frank Brandenburg* Father's Birthplace *MD.*
Mother's Maiden Name *Wm Brandenburg* Mother's Birthplace *MD*
Name of person giving information *JM Brandenburg* How related to deceased *Grandfather*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Central Cyanosis* How long _____
Immediate _____ How long _____

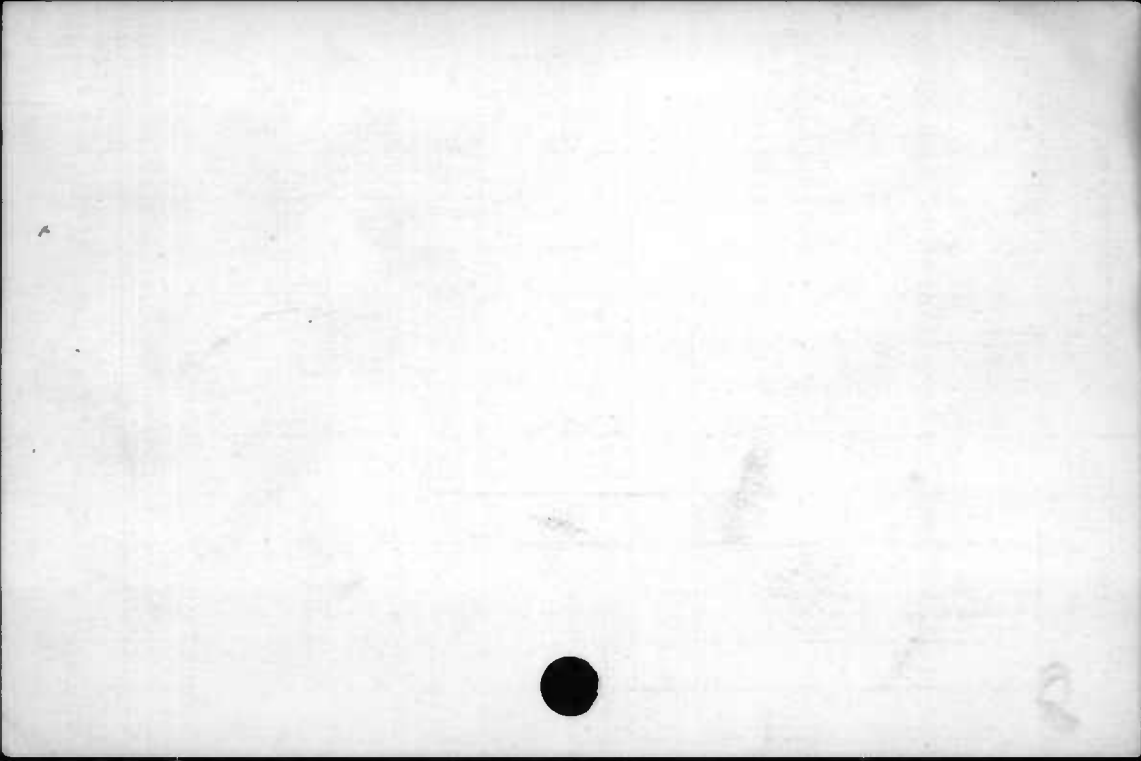
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

R.C. Fout MD
Kemplo MD

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

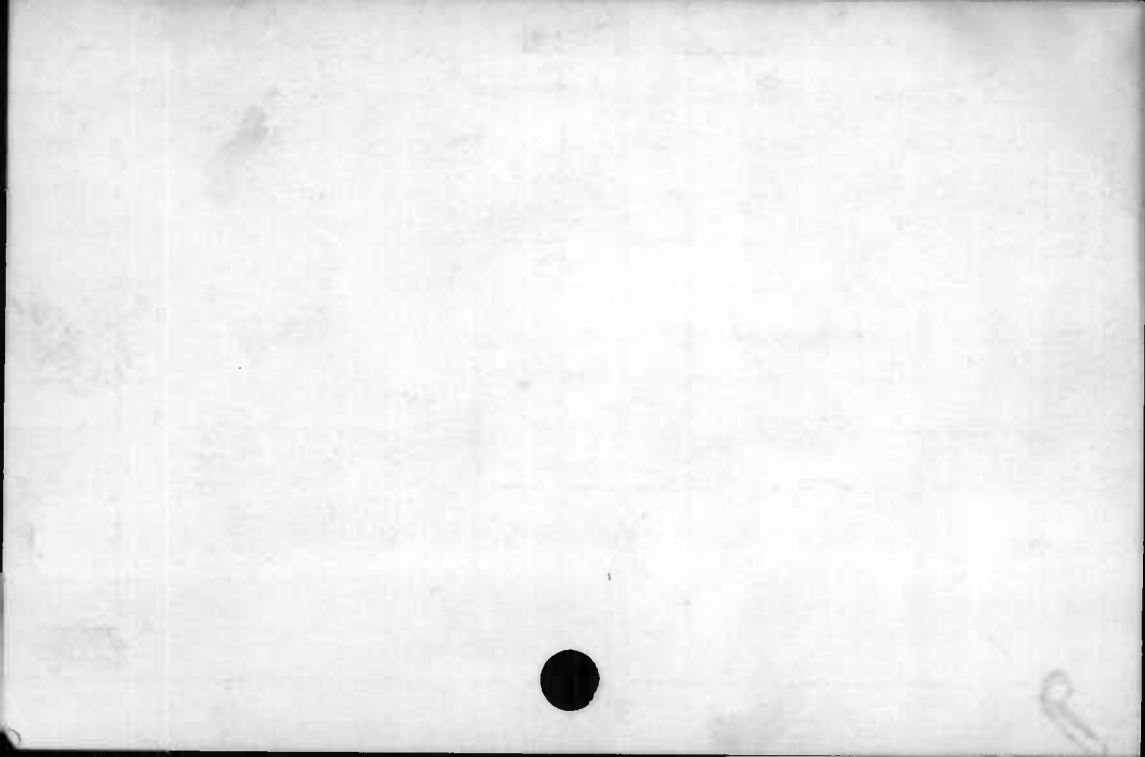
TO BE ANSWERED BY
NEAREST FRIEND

John H. Castle		County Frederick Frederick		MARYLAND	
Died at <u>Frederick</u>		Town <u>Frederick</u>			
Date of death	1906	Month	10	Day	11
Age		Years	X	Months	X
Days		2			
Sex	Male	Color or Race	White	Birth-place	Frederick Md.
Occupation	X		Where Residing if not at place of death X		
Married, Single or Widowed	X		Name of Wife or Husband X		
Father's Name	John H. Castle			Father's Birthplace	Md.
Mother's Maiden Name	Jennies E. Miller			Mother's Birthplace	Md.
Name of person giving information	John H. Castle			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Atelectasis & emphysema		How long	21
Immediate	X		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. A. Long
			Address	
Accident or Suicide?				



Name
in
Full

Clifton Chambers

CERTIFICATE OF DEATH

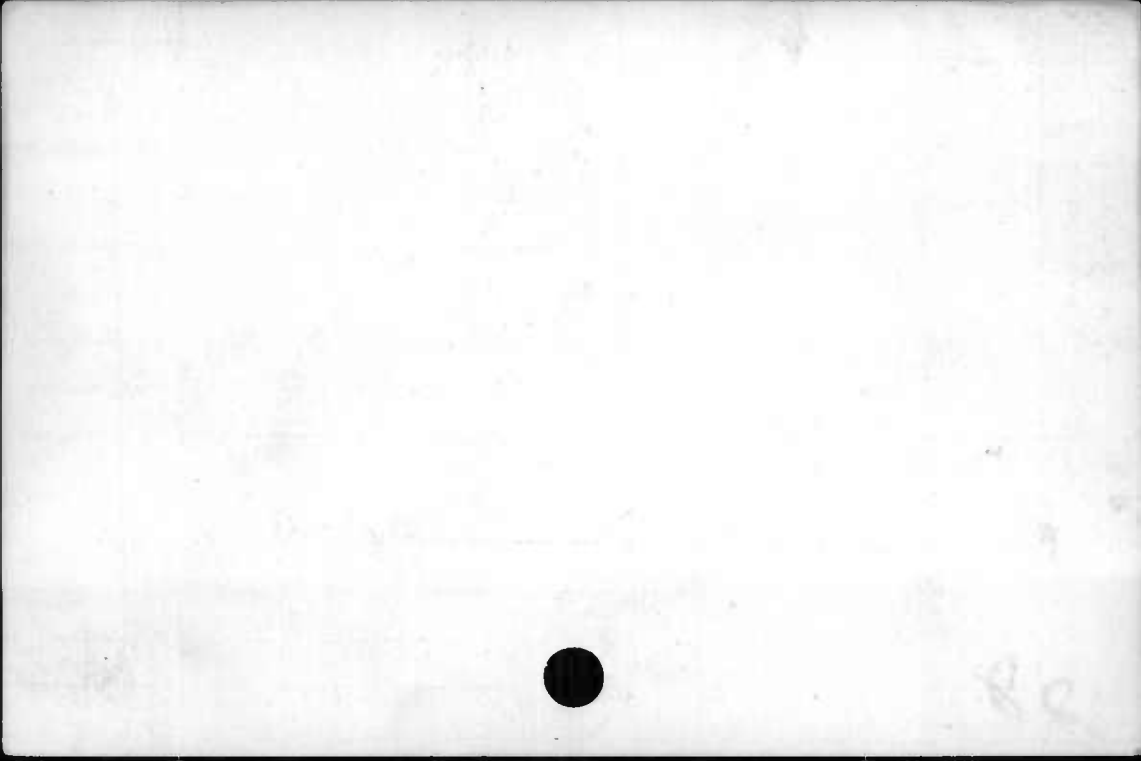
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mount Olive</i> Town		<i>Breiduck</i> County		MARYLAND	
Date of death	<i>1906 Oct</i> Month	<i>9</i> Day	Age <i>36</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Labor</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Cora Chambers</i>				
Father's Name <i>Dick Cook</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Julia Chambers</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Charles Minn</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 mos.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. J. Brooks</i>
	Address <i>Marston Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>Oct</i>	Day <i>31</i>	Age <i>63</i>	Years <i>10</i>	Months <i>29</i>	Days <i>29</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>H. Br.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Andrew J. Connolly</i>					
Father's Name <i>Lamence Bulzell</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Levit Brown</i>		Mother's Birthplace					
Name of person giving information <i>William Connolly</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>		How long <i>10 1/2 hours</i>	
Immediate <i>Cardiac Paralysis</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank A. Hedger</i>	
Accident or Suicide? <i>8</i>		Address <i>Frederick Md.</i>	



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Name
in
Full

Agnes Janette Day

CERTIFICATE OF DEATH

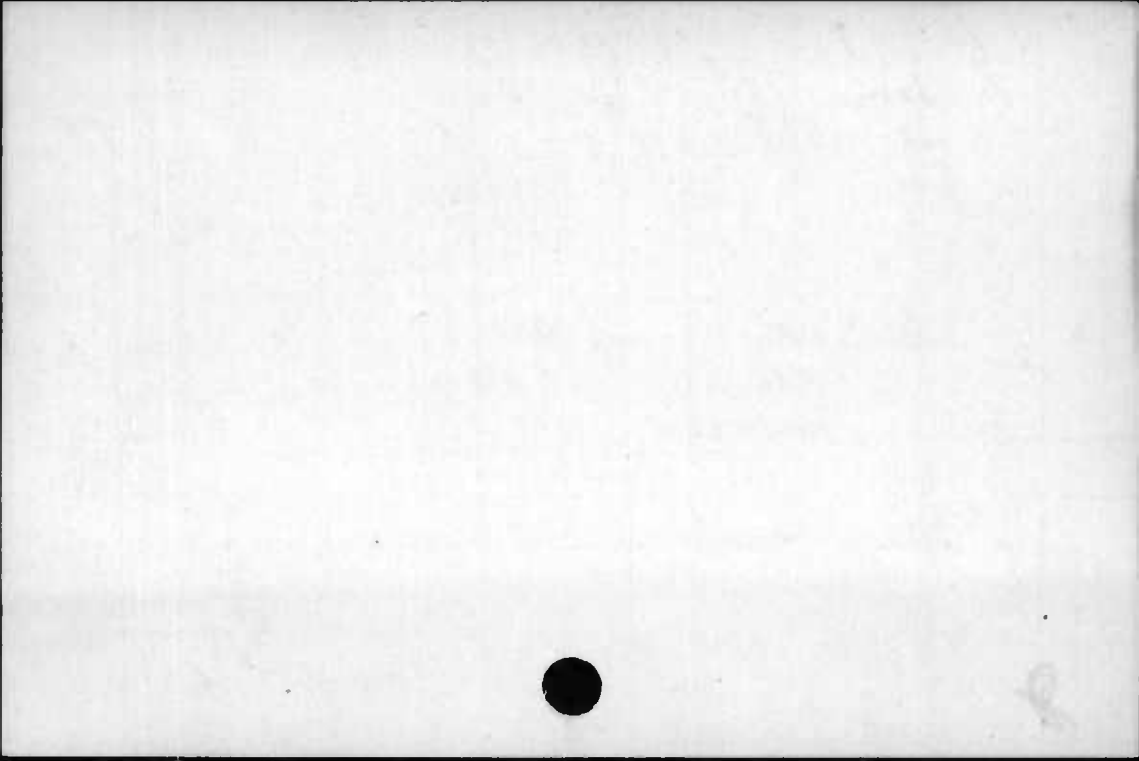
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fredricks</u> Town		<u>Fredricks</u> County		MARYLAND	
Date of death	1906	Month	Oct	Day	23
Age		Years		Months	Days
		5		2	15
Sex	Female		Color or Race	Colored	
Occupation	Scholar		Birth-place	Fredricks Md	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			George T. Day		
Father's Birthplace			Md		
Mother's Maiden Name			Florence Carroll		
Mother's Birthplace			"		
Name of person giving information			George T. Day		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Membranous Croup	How long	Several days
Immediate	Cardiac Asthenia	How long	-
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		U. G. Bourne M.D.	
Address		Fredricks Md.	
Accident or Suicide?			



Name
in
Full

Hazle Lean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

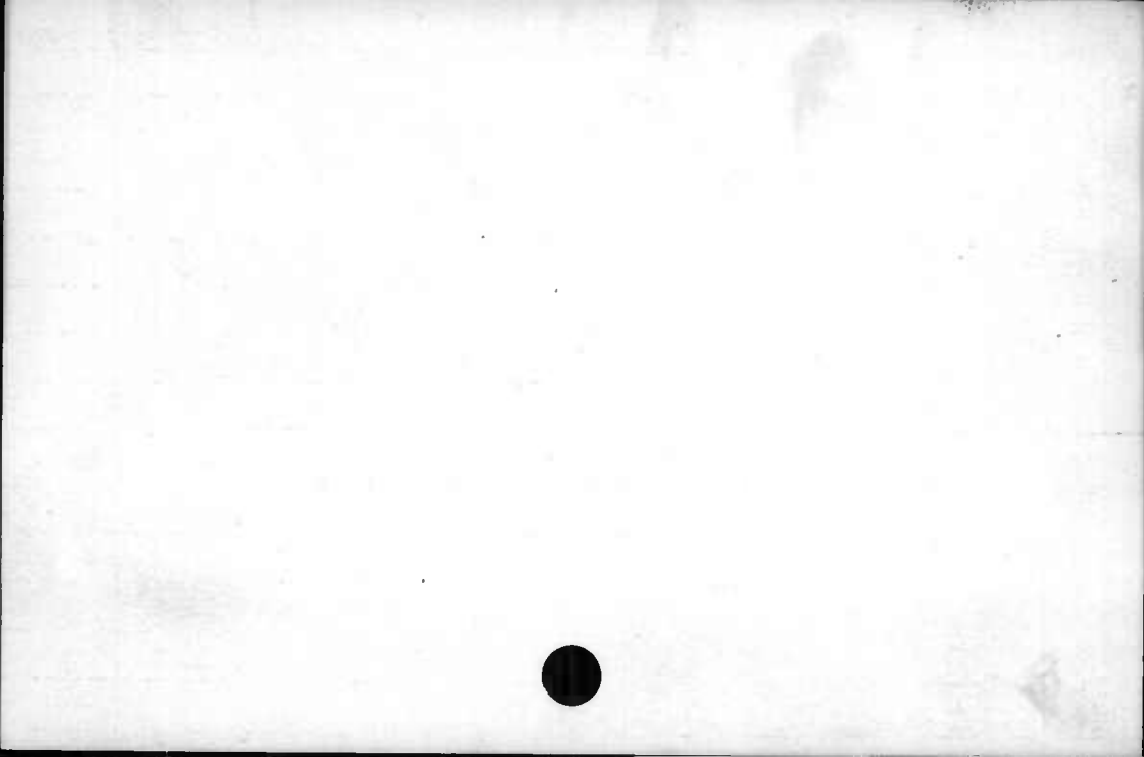
Died at <i>Brunswick</i>		<i>Tred</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct</i>	Day	<i>27</i>	Age	<i>3</i>
Sex	<i>female</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband			
Father's Name	<i>Malcolm Lean</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Maudie Rigeway</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Malcolm Lean</i>				How related to deceased	<i>father</i>	

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<i>Pneumonitis (right lung)</i>	How long	<i>Do not know as subscriber attended case only 24 hours.</i>
Immediate	<i>Meningitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. W. R. Conn</i>
		Address	<i>Brunswick Md.</i>
Accident or Suicide?	<i>8</i>		



Name
in
Full

Amy F. DeGrange

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at *Middletown* County *Fredk.* MARYLAND

Date of death 1906 Oct 22 Age 26 5- Months 26 Days

Sex *Female* Color or Race *White* Birth-place *Middletown*

Occupation *Housewife* Where Residing if not at place of death *Middletown*

Married, Single or Widowed *Single* Name of Wife or Husband *C. O. DeGrange*

Father's Name *Zacharias Firestone* Father's Birthplace *Md.*

Mother's Maiden Name *Elizabeth Brandenburg* Mother's Birthplace *Md.*

Name of person giving information *Zacharias Firestone* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hepatic Colic* How long *Five days*

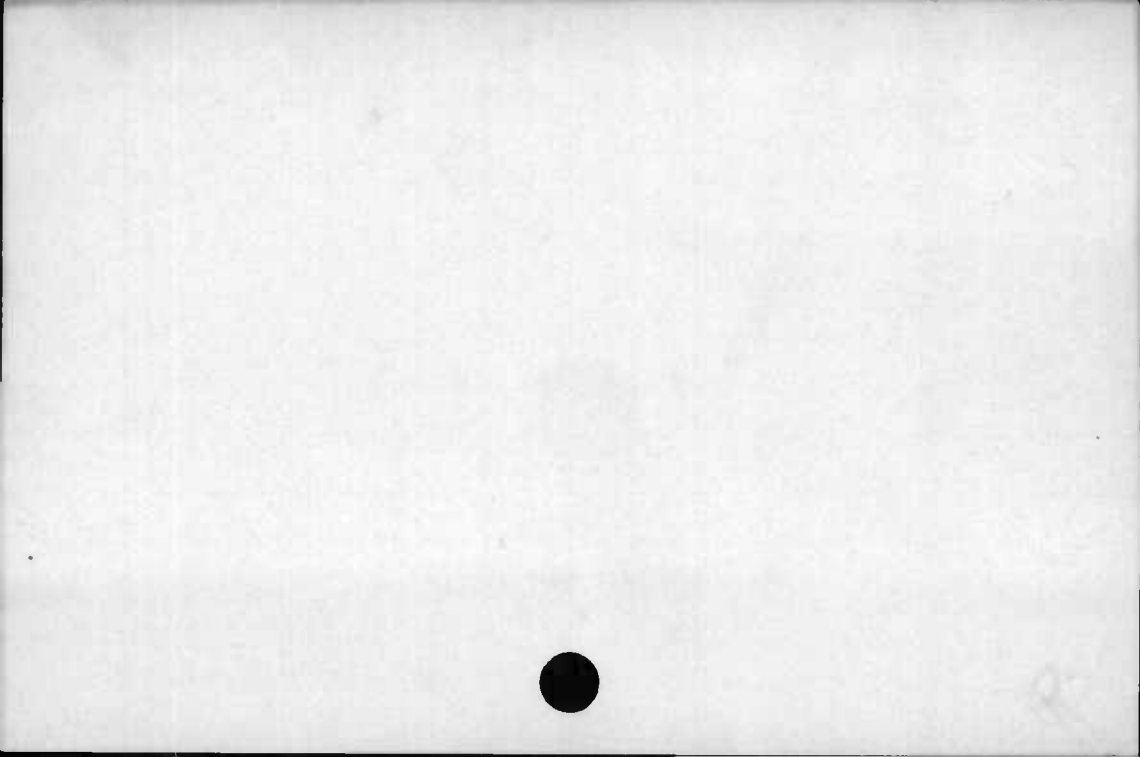
Immediate *Heart failure & peritonitis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

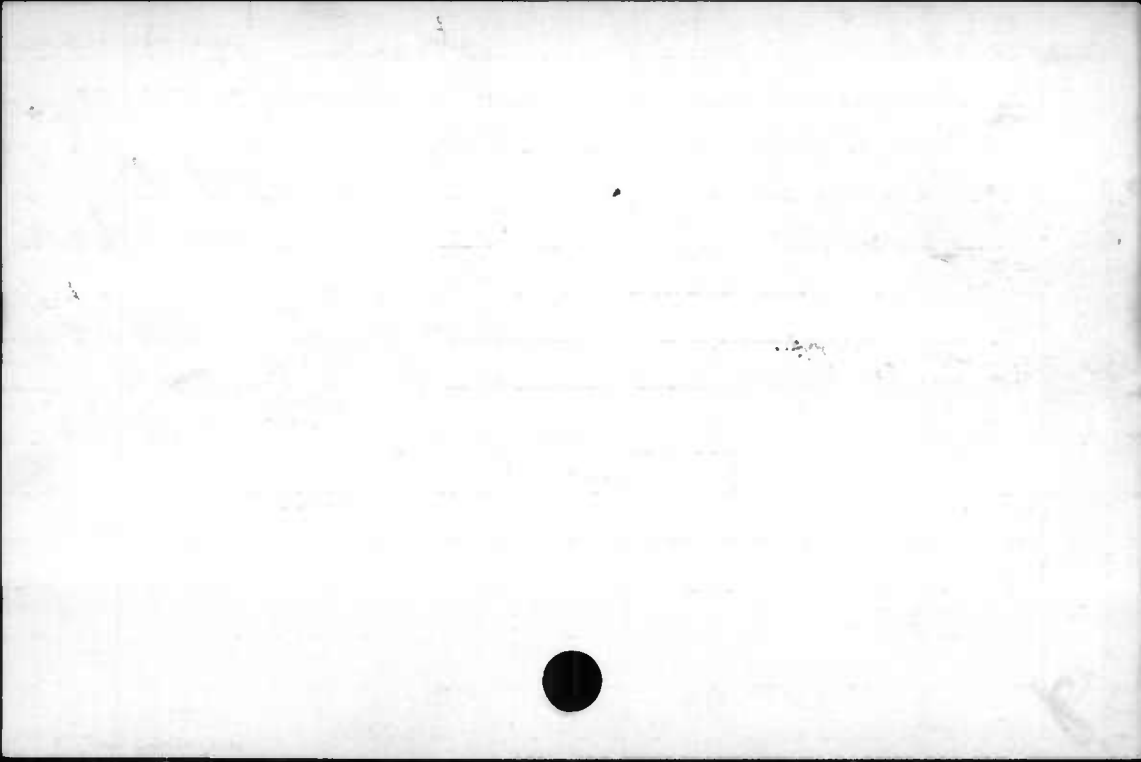
Signature of Physician *R. V. Hawver M.D.*

Address *Middletown Md.*

Accident or Suicide? *No*



Name in Full Harry Donovan		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Brunswick <small>Town</small>		Frederick <small>County</small>
	Date of death 1906 Oct 20		Age
	Sex Male		Color or Race white
	Occupation none		Birth-place md
	Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband
PHYSICIAN OR CORONER	Father's Name Lilman Donovan		Father's Birthplace md
	Mother's Maiden Name Bricey Drake		Mother's Birthplace md
	Name of person giving information Lilman Donovan		How related to deceased Father
	CAUSES OF DEATH		
	Primary Diphtheria (9)		
Immediate Cardiac Paralysis		How long 2 weeks	
Are the name, age, sex, color, date and place correctly given above? yes		How long 5 hours	
Signature of Physician A. G. Horine		Address Brunswick	
Accident or Suicide? m		Maryland	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary H. Dufhome
 Died at Emmitsburg Frederick County
 Date of death 1906 Oct 5 Age 73 Months 2 Days 1
 Sex Female Color or Race White Birth-place MD
 Occupation Teacher Where Residing if not at place of death Same as Above
 Married, Single or Widowed _____ Name of Wife or Husband _____

MARYLAND

Father's Name Samuel Dufhome
 Mother's Maiden Name Maria Black
 Name of person giving information Miss Anna Dufhome

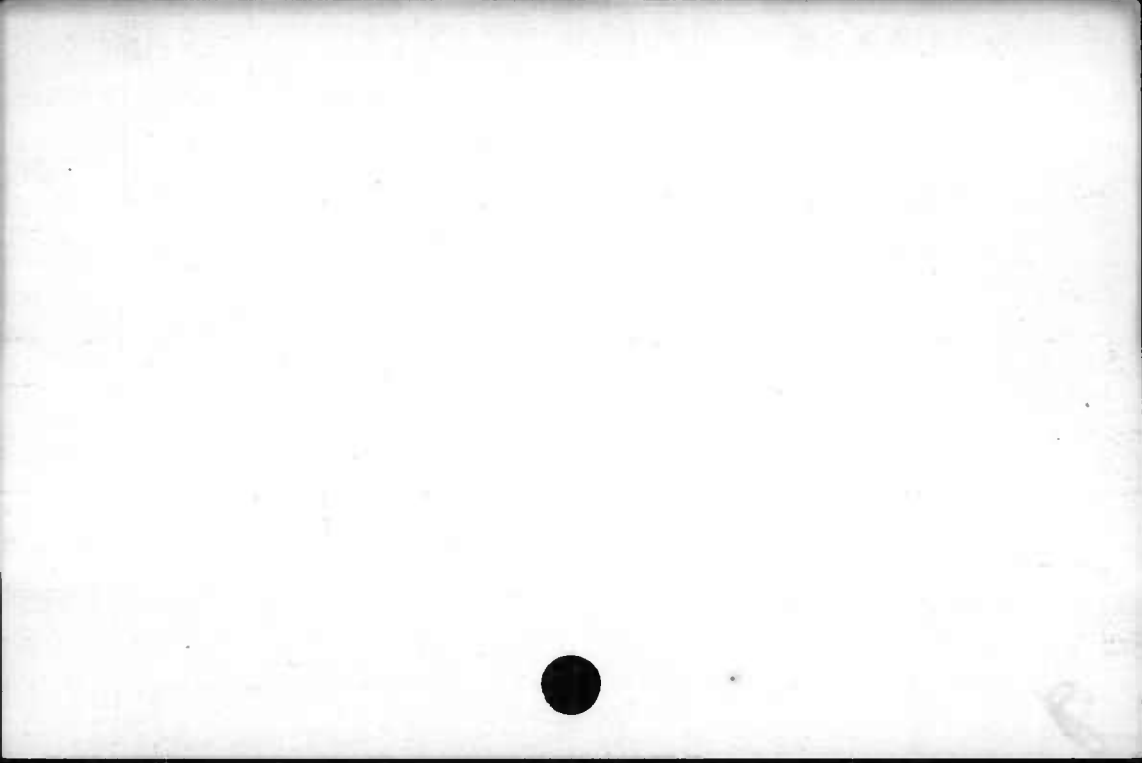
Father's Birthplace MD
 Mother's Birthplace Pa
 How related to deceased Sister

CAUSES OF DEATH

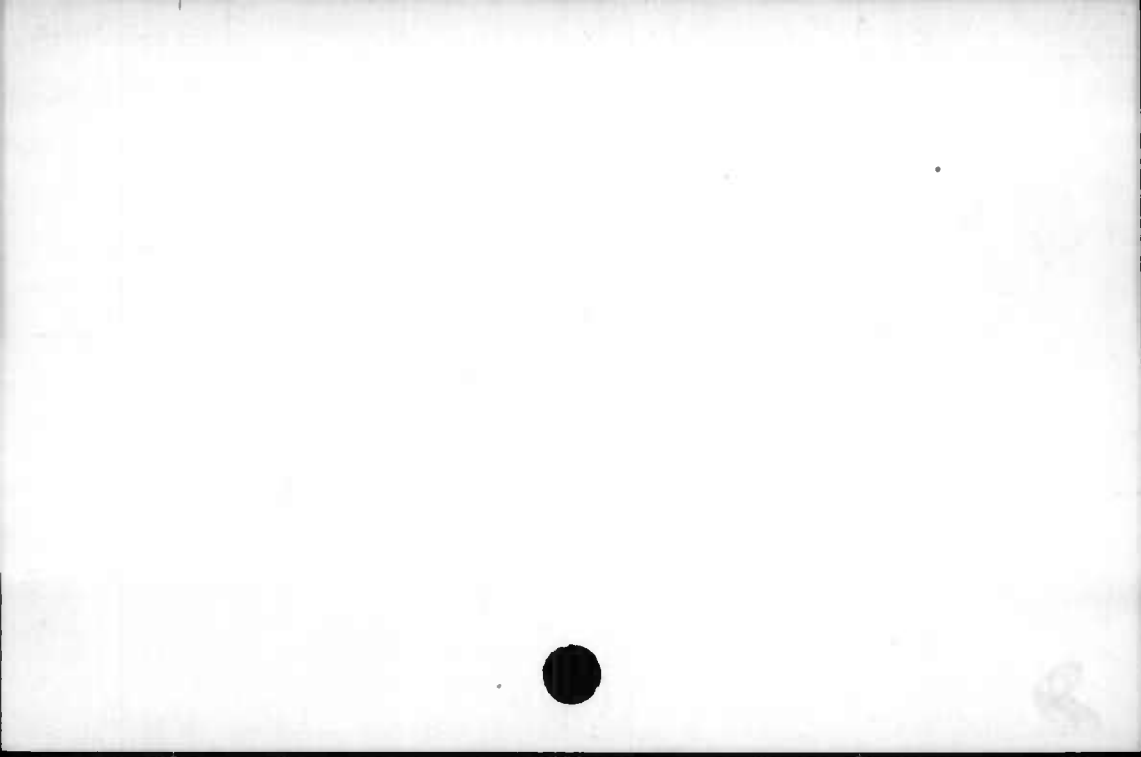
Primary Chronic Bright's Disease How long Two years
 Immediate Apoplexy How long 7 days
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician Al. W. Stone
 Address Emmitsburg Md.

PHYSICIAN
OR CORONER

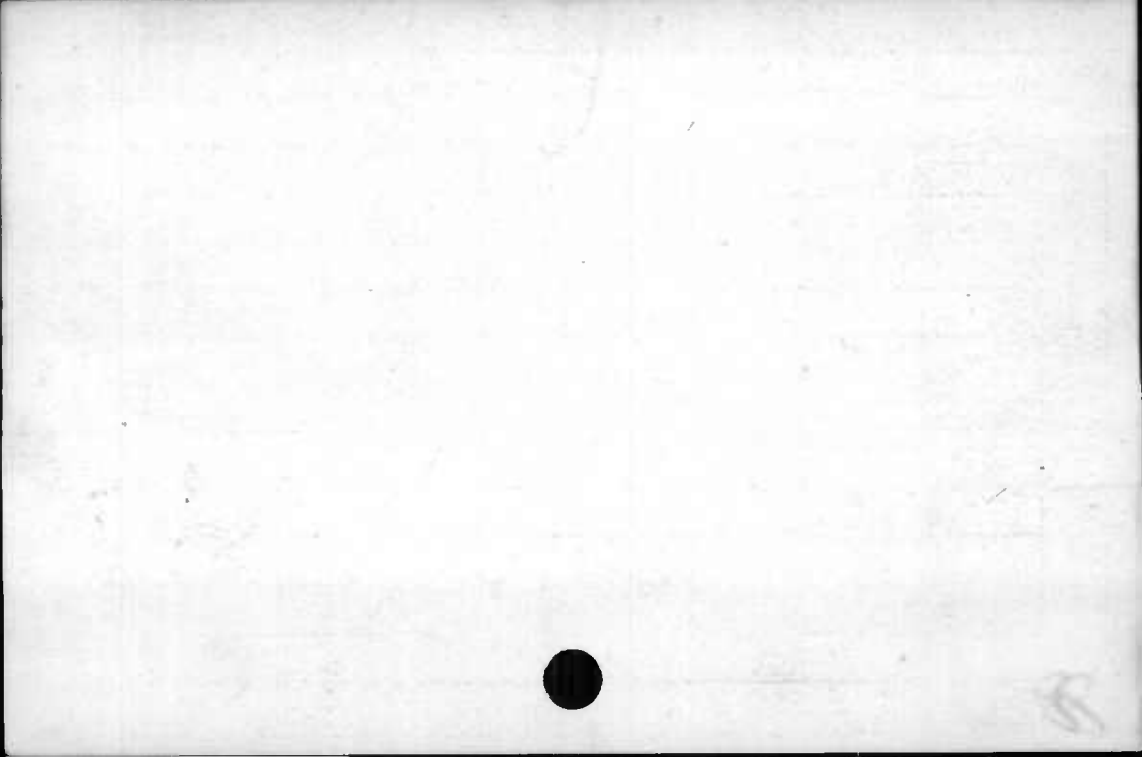
Accident or Suicide?



Name In Full		Helen L. Ebberts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frederick		11		County	
	Date of death		1906	Month	10	Day	27
	Age		6	Years		6	Months
	Sex		Female	Color or Race		White	Birthplace
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		X	Name of Wife or Husband		X	
	Father's Name		John Ebberts		Father's Birthplace		Md
	Mother's Maiden Name		Emma J. Thomas		Mother's Birthplace		Md
Name of person giving information		Mrs Rice		How related to deceased		Undaunted	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diphtheria			How long	1 week	
	Immediate	Heart failure			How long	1 day	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		C. F. Gooden. MD	
				Address		Frederick Md	
Accident or Suicide?		X					



Name In Full George C. Eberts		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Breagerstown ^{County} Fredrick		MARYLAND		
	Date of death 1906	Month Oct	Day 18	Age 5-5	Months 7
	Sex Male	Color or Race White	Birthplace Baltimore		
	Occupation Laborer	Where Residing If not at place of death Fredrick			
	Married, Single or Widowed Married	Name of Wife or Husband Emma C. Brewer			
	Father's Name Adam Eberts	Father's Birthplace Don't know			
	Mother's Maiden Name Harriet Burgee	Mother's Birthplace Balt. City			
Name of person giving In formation Jonas Compher		How related to deceased Brother in law			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Tuberculosis		How long	6 months
	Immediate	Heart failure		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	J. D. S. Young		Address Breagerstown Fredrick Co.		
Accident or Suicide?					



Name
in
Full

John N. Fauble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1906	Month October	Day 18th	Age	Years 59	Months	Days
Sex	Male		Color or Race	White		Birth- place	Frederick
Occupation	Retired Farmer			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	David M. Fauble					Father's Birthplace	Frederick
Mother's Maiden Name	Mary Custard					Mother's Birthplace	Frederick
Name of person giving Information					How related to deceased		

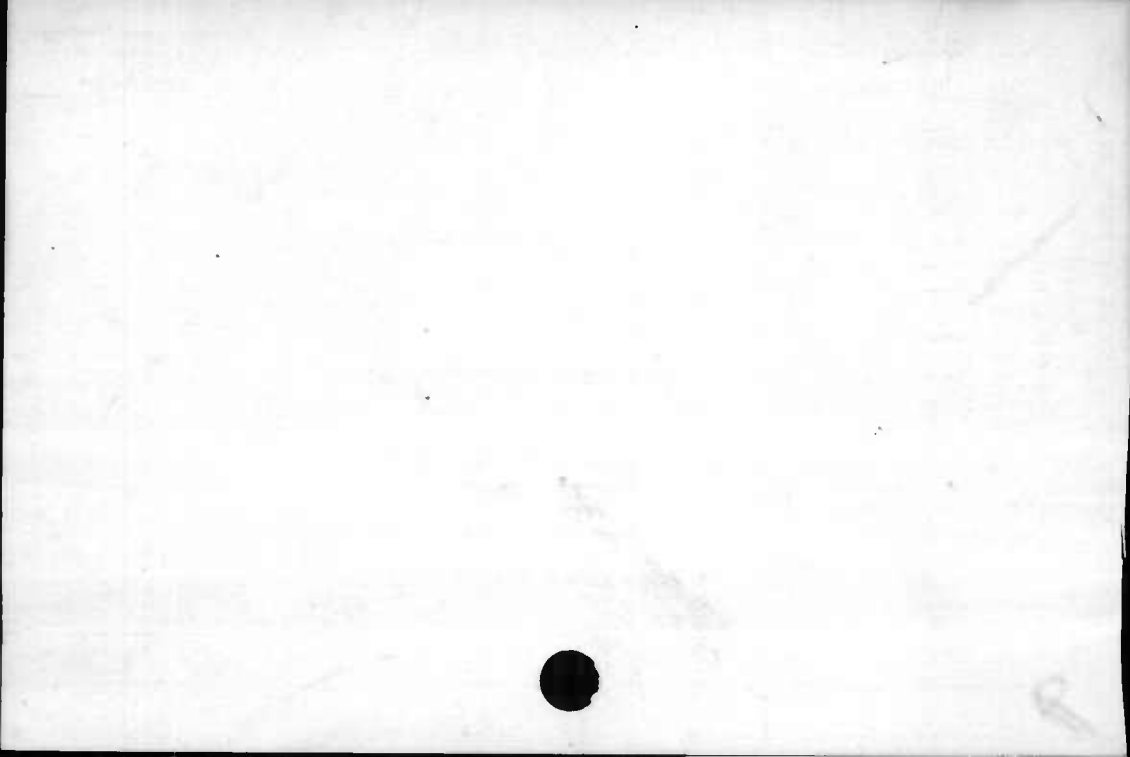
CAUSES OF DEATH

PHYSICIAN
OR CORONER

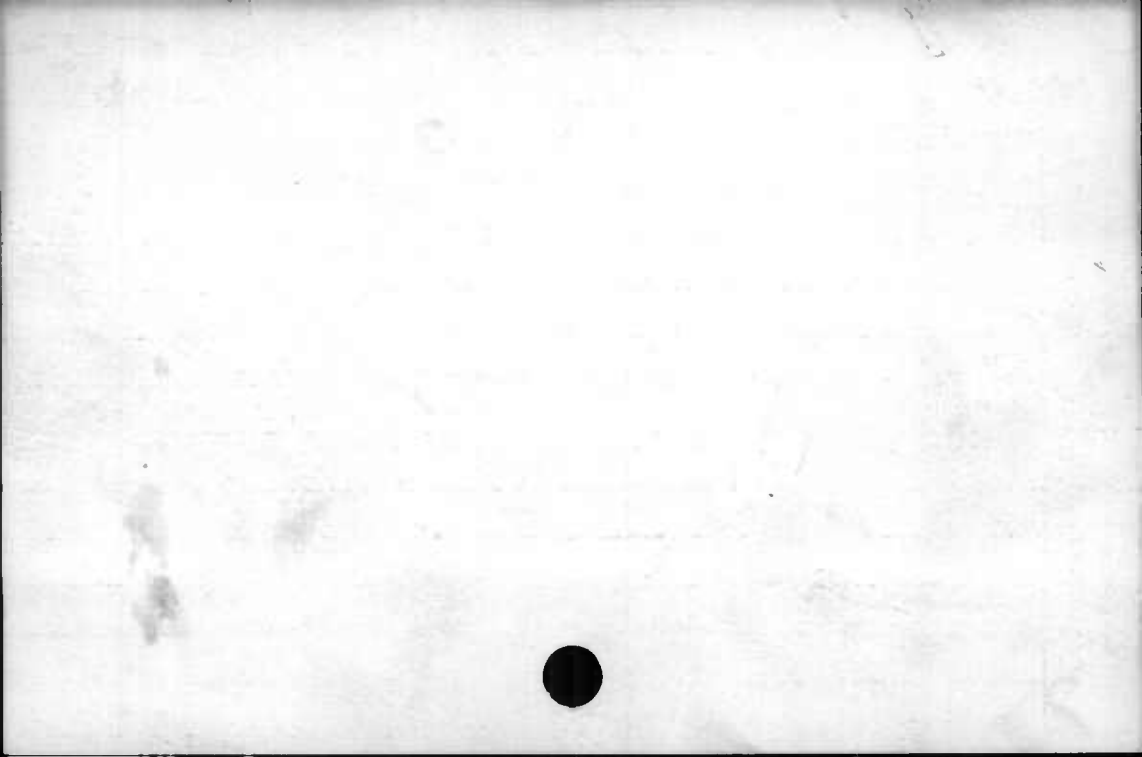
Primary	Pulmonary Tuberculosis		How long	8 months
Immediate	Inanition		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		T. B. Johnson		
		Frederick, Md.		
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <i>Graceham</i>		County <i>Frederick</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>22</i>	Age <i>69</i>	Months <i>10</i> Days <i>8</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Graceham Ind. Co Ind</i>	
	Occupation <i>Huckster</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Annie Barrick</i>			
	Father's Name <i>John Thron</i>	Father's Birthplace <i>Graceham</i>		<i>Frederick Co Ind</i>	
	Mother's Maiden Name <i>Julia Stauffer</i>	Mother's Birthplace			
Name of person giving information <i>L. W. Creager</i>		How related to deceased <i>Nephew</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Bright-Disease</i>		How long <i>2 years</i>		(92)
	Immediate <i>Bronchitis - Pneumonia</i>		How long <i>1 wk</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. C. Kefauver</i>		
			Address <i>Thurmont, Maryland</i>		
	Accident or Suicide? <i>—</i>				



Name in Full		Theodore Forrest				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Brunswick		County Frederick		MARYLAND
	Date of death	1906	Month Oct	Day 29	Age 3	Years	Months ✓
	Sex	male		Color or Race	white		Birth-place Md
	Occupation	none		Where Residing If not at place of death			
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	Edward Forrest				Father's Birthplace	Md
	Mother's Maiden Name	Etha Jennings				Mother's Birthplace	#
Name of person giving information						How related to deceased	✓
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	cald				How long	(92)
	Immediate	bronchus pneumonia				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician A. H. Hornie		
					Address Brunswick Md		
	Accident or Suicide?		no				



Name
in
Full

CERTIFICATE OF DEATH

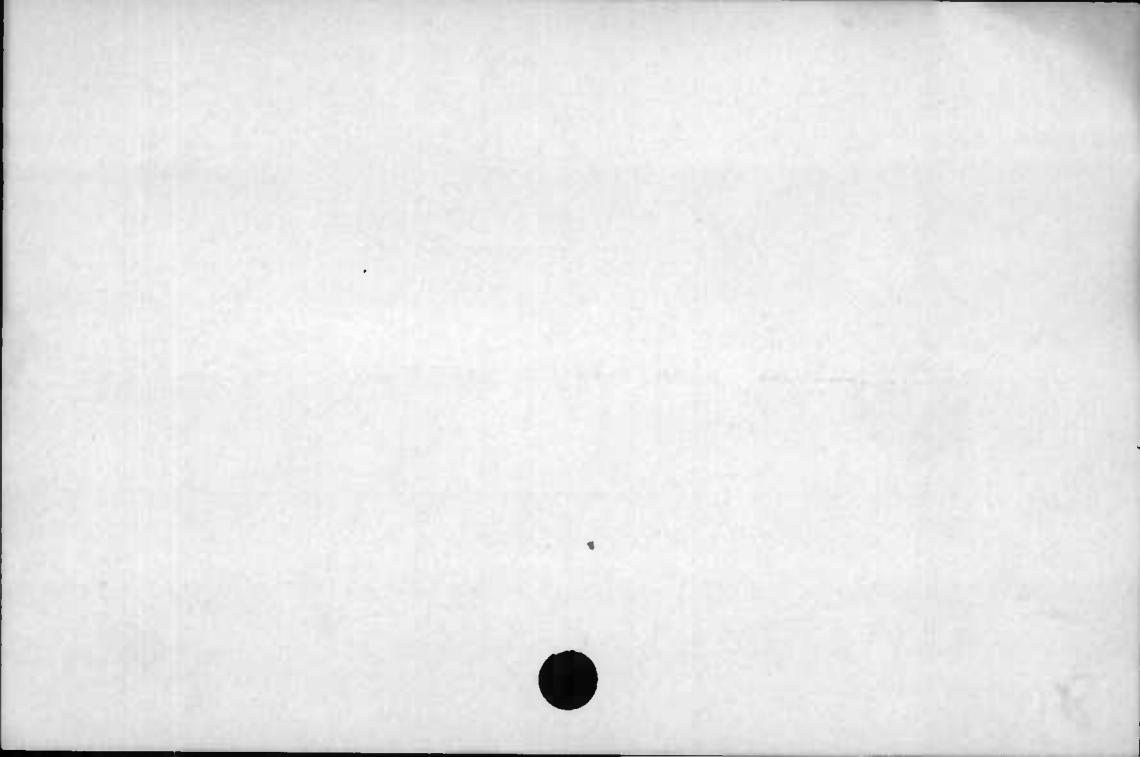
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Indeneth</i> Town		<i>X</i> County			
Date of death <i>1906</i>	Month <i>10</i>	Day <i>20</i>	Age <i>X</i> Years	Months <i>X</i>	Days <i>X</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>near Indeneth</i>		
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Roger Geest</i>	Father's Birthplace <i>Co</i>				
Mother's Maiden Name <i>Mrs. Bessie Agnew</i>	Mother's Birthplace <i>Co</i>				
Name of person giving information <i>Father</i>	How related to deceased <i>X</i>				

CAUSES OF DEATH

Primary <i>Still Birth Full term</i>	How long
Immediate <i>Compression of cord in uterus</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>X</i>	Signature of Physician <i>Wm. Buchanan Smith</i>
	Address <i>Indeneth Ind</i>
Accident or Suicide?	



Name
in
Full

George Peter Grassnickle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Elberton		County Frederick			
Date of death		Month October	Day 27	Age Years 76	Months 3	Days 17	
Sex Male		Color or Race White		Birth- place Highland			
Occupation Farmer				Where Residing if not at place of death Elberton			
Married, Single or Widowed Married		Name of Wife or Husband —					
Father's Name Peter Grassnickle				Father's Birthplace Highland			
Mother's Maiden Name Sophia Brown				Mother's Birthplace —			
Name of person giving Information General Grassnickle				How related to deceased Son			

CAUSES OF DEATH

Primary	Heart Trouble	How long
Immediate		How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Thos. Butler
Undertaker
Myersville
Md.

Accident or Suicide?



Harriet Grove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Wolfsville* ^{County} *Frederick* **MARYLAND**

Date of death *1906* ^{Month} *Oct* ^{Day} *23* ^{Years} *72* ^{Months} *9* ^{Days} *7*

Sex *Female* Color or Race *White* Birth-place *md.*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *James A. Grove*

Father's Name *Levin Hayes* Father's Birthplace *md.*

Mother's Maiden Name *Julianne Hatherly* Mother's Birthplace *md.*

Name of person giving information *James A. Grove* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

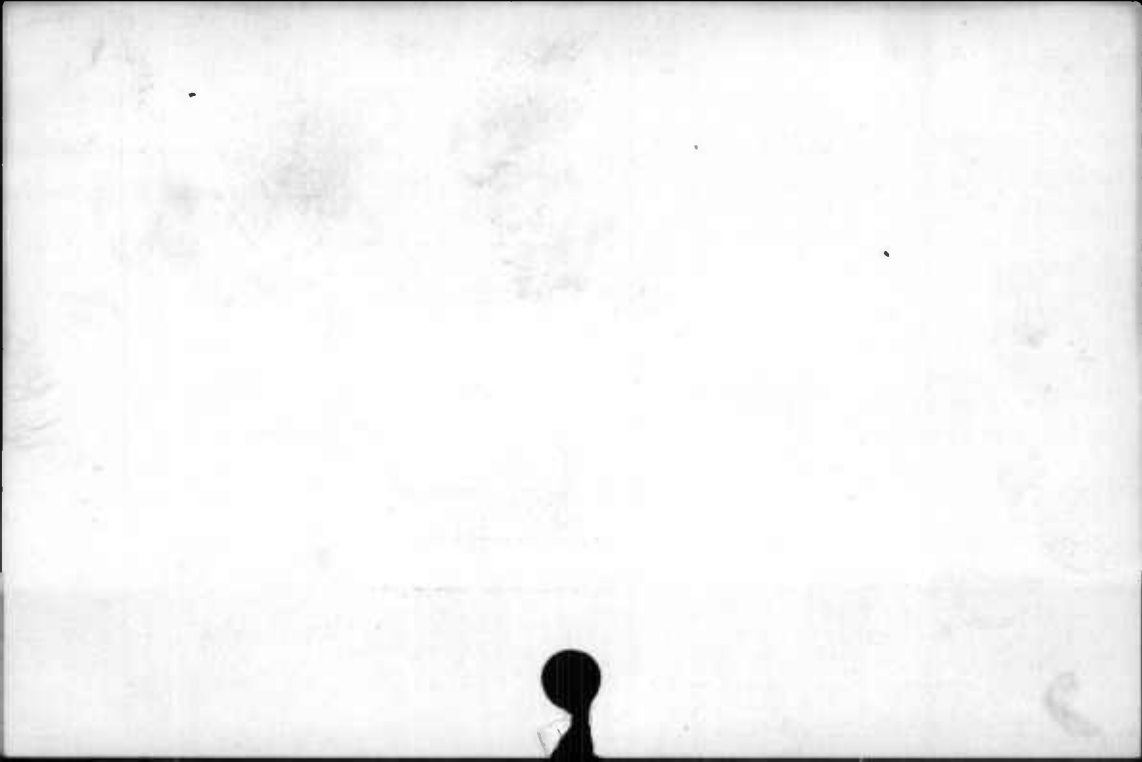
Primary *Cancer of Breast* **(43)** How long *About 30 yrs*

Immediate *General Debility* How long *2 wks.*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. J. Smith*

Address *Wolfsville, md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick Junction</i> ^{Town}		<i>Haines</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>October</i>	Day	<i>19</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Years	<i>28</i>
Occupation	<i>Laborer</i>	Birth-place	<i>near Winfield Carroll Co Md</i>		
Married, Single or Widowed	<i>single</i>	Where Residing if not at place of death	<i>Winfield Md Frederick Junction Md</i>		
Father's Name	<i>John Haines</i>			Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>Fryzell</i>			Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fall</i>	How long	
Immediate	<i>Hemorrhage</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Edw. E. E. E. H. A. O. G. R. W.</i>
Address			
Accident or Suicide?	<i>Accident</i>		



2

Name
in
Full

Friedrich Hanshew

CERTIFICATE OF DEATH

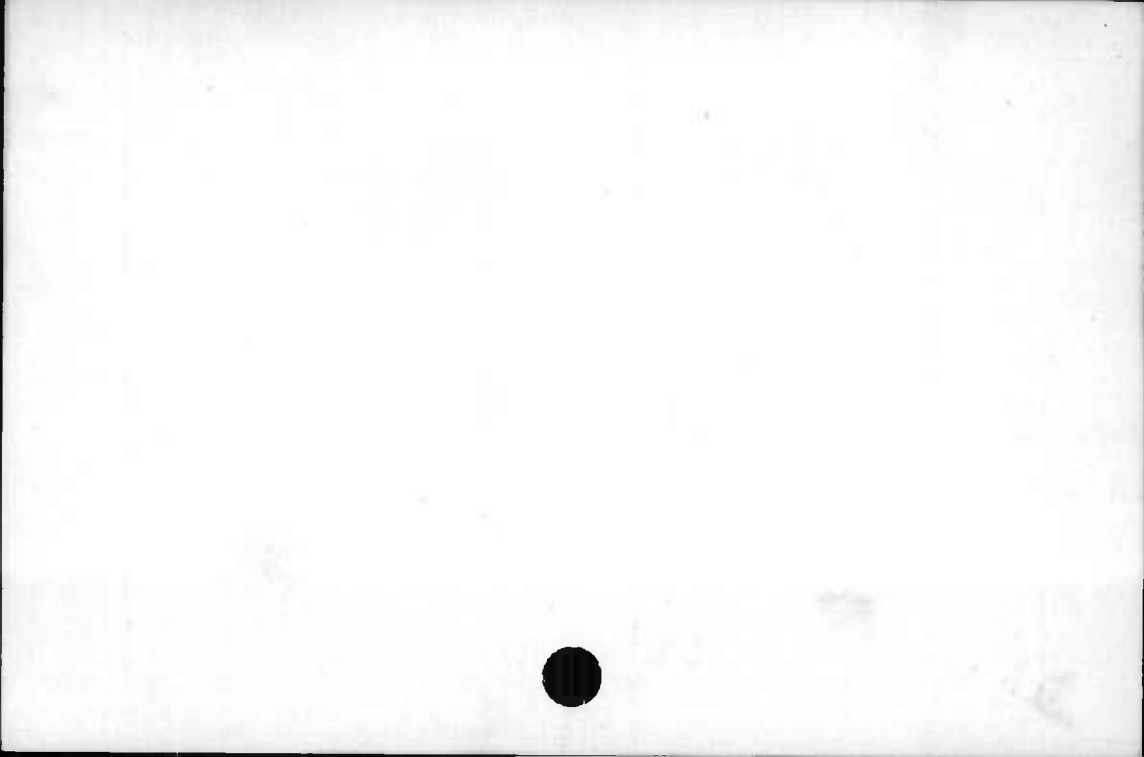
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month <i>Oct</i>	Day <i>27</i>	Age <i>77</i>	Years	Months <i>7</i>	Days <i>16</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Frederick, Md.</i>				
Occupation <i>Retired</i>			Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband					
Father's Name <i>Henry Hanshew</i>		Father's Birthplace <i>Fredic. Md.</i>					
Mother's Maiden Name <i>Elizabeth Charlton</i>		Mother's Birthplace <i>Freder. Co., Md.</i>					
Name of person giving information <i>Mrs D.C. Brisk</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis - Arterio-sclerosis</i>	How long <i>Several months</i>
Immediate <i>Paralysis of Respiration</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J.O. Hendrix M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

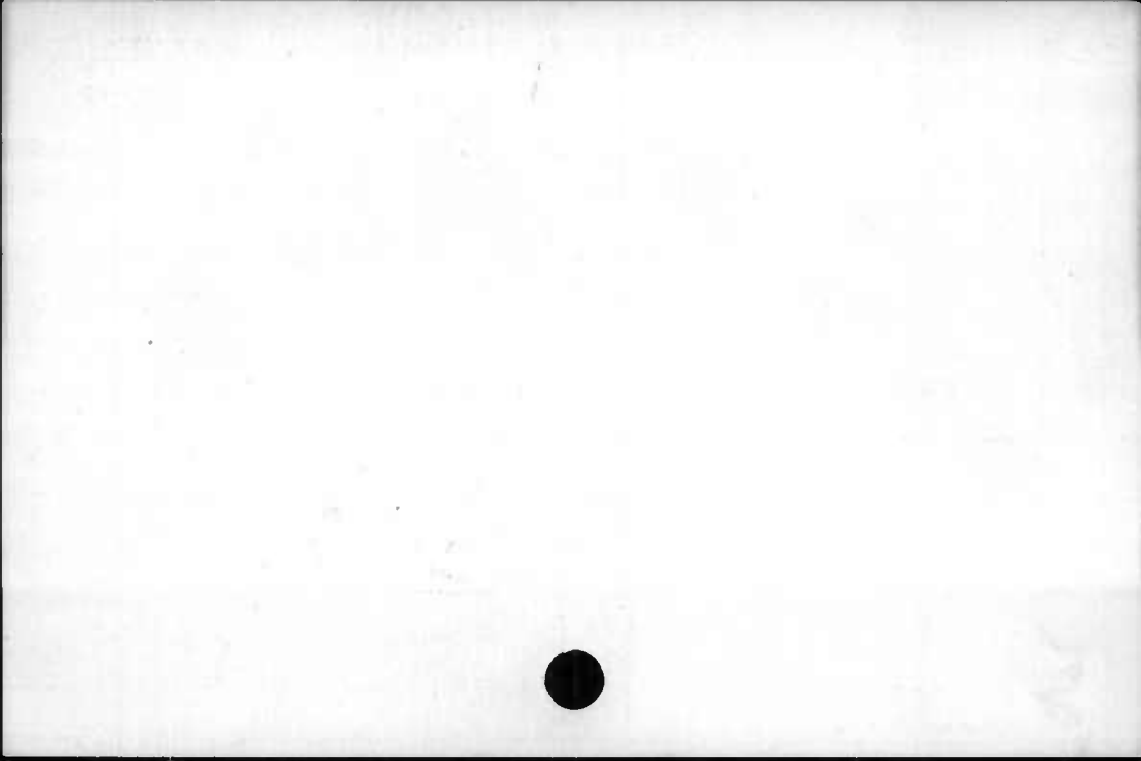
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County			
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>2</i>	Age <i>49</i>	Years <i>87</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>		
Occupation <i>Salesman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella Hightman</i>				
Father's Name <i>John Hightman</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Ella White</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Eliza Hightman</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Fever</i>	How long <i>(7)</i>
Immediate <i>Perforation</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. P. Fahmy</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

CERTIFICATE OF DEATH

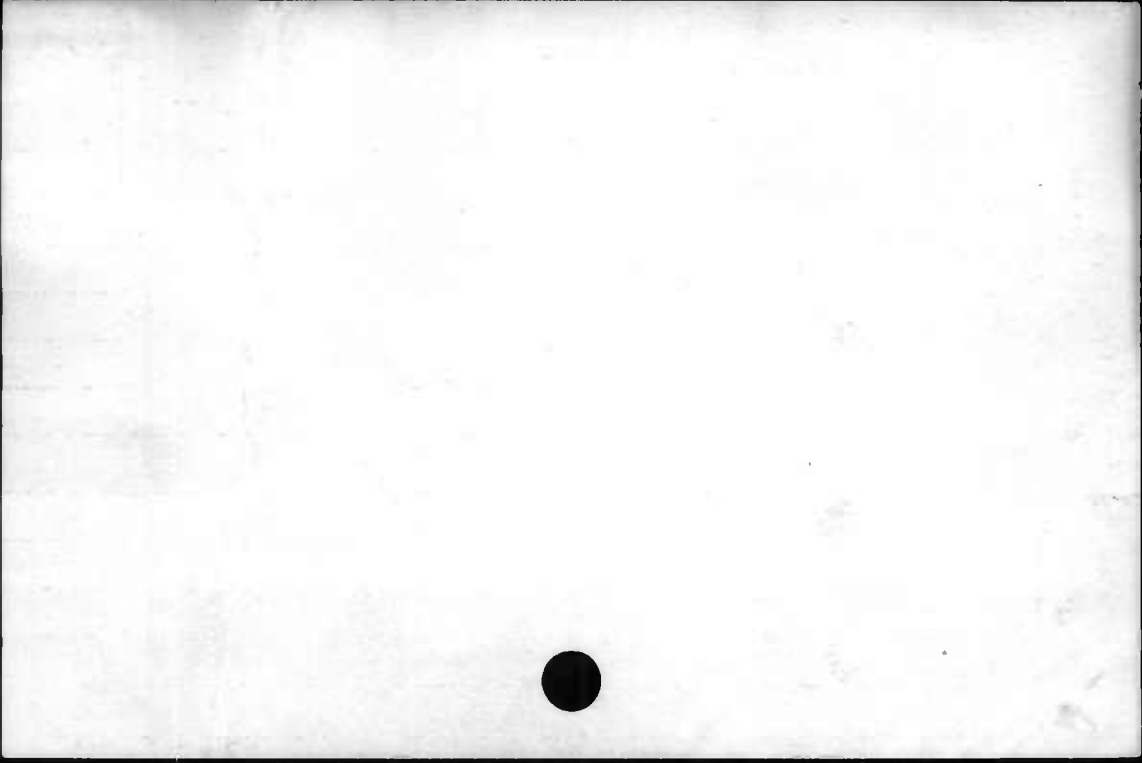
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brunswick</i>		County <i>Andover</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>3</i>	Years <i>3</i>	Months <i>7</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place <i>Brunswick</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>Thos. L. Harper</i>				Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Delia V. Myers</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>J. L. Harper</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Potts Disease (General Tuberculosis)</i>	How long <i>2 yrs +</i>
Immediate <i>Sepsis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. W. P. C. M. D.</i>
	Address <i>Brunswick</i>
	<i>Ind.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Rachel Ann Houch

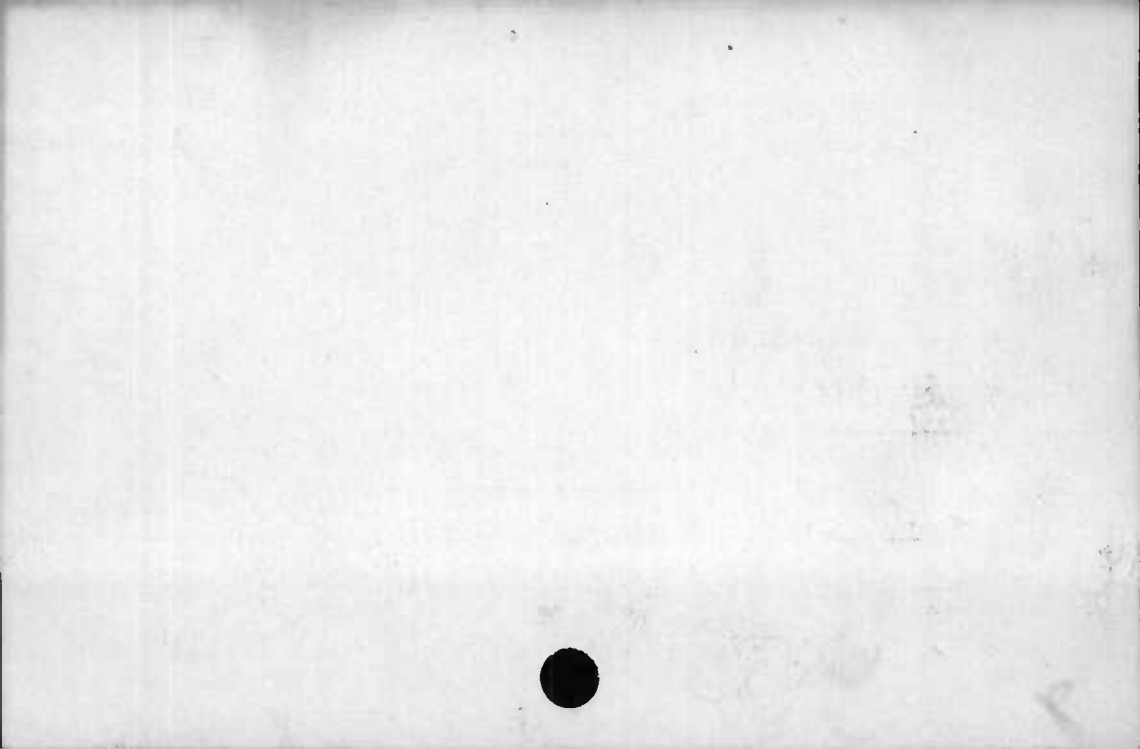
23,

CERTIFICATE OF DEATH

Died at <i>New Market</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND								
Date of death	1906	Month	10	Day	18	Age	91	Years	Months	1	Days	7
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birthplace	<i>Maryland</i>					
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>								
Married, Single Widowed			Name of wife or Husband <i>Edward Houch</i>									
Father's Name	<i>Richard Roberts</i>						Father's Birthplace	<i>Md</i>				
Mother's Maiden Name	<i>Ann Plummer</i>						Mother's Birthplace	<i>Md</i>				
Name of person giving information	<i>Mrs. Sponseller</i>						How related to deceased	<i>daughter</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Smility</i>	(106)	How long	
	Immediate	<i>Enteritis</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>H. H. Hopkins M. D.</i>
				Address	<i>New Market</i>
					<i>Frederick Co., Md.</i>
Accident or Suicide?		<i>no</i>			



Name
in
Full

Charles Knolly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

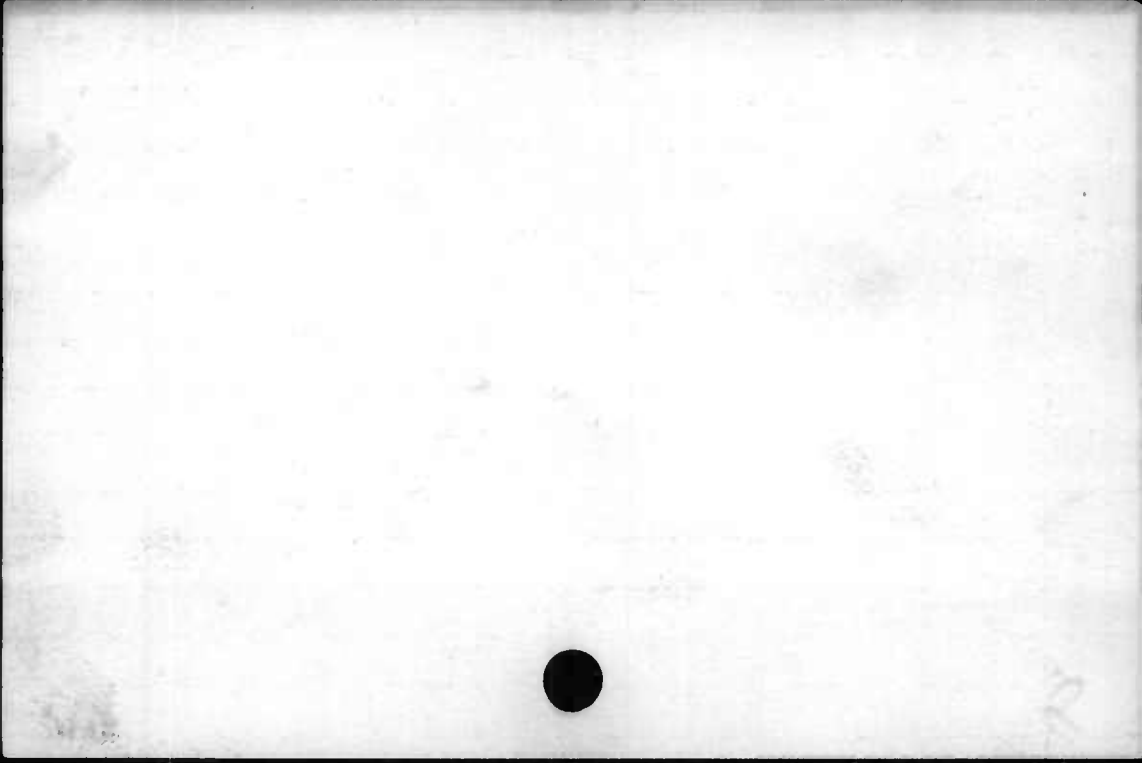
MARYLAND

Died at ^{Town} <i>Dayville</i>		^{County} <i>Frederick</i>	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>31</i>	Age <i>80</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth place <i>Dayville, Md.</i>	Months <i>3</i> Days <i>—</i>
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single <i>Married</i>	Name of Wife or Husband <i>Ellen Knolly</i>		
Father's Name <i>Charles Knolly</i>	Father's Birthplace <i>Dayville</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Mrs. H. Rice, Sr.</i>	How related to deceased <i>Not related</i>		

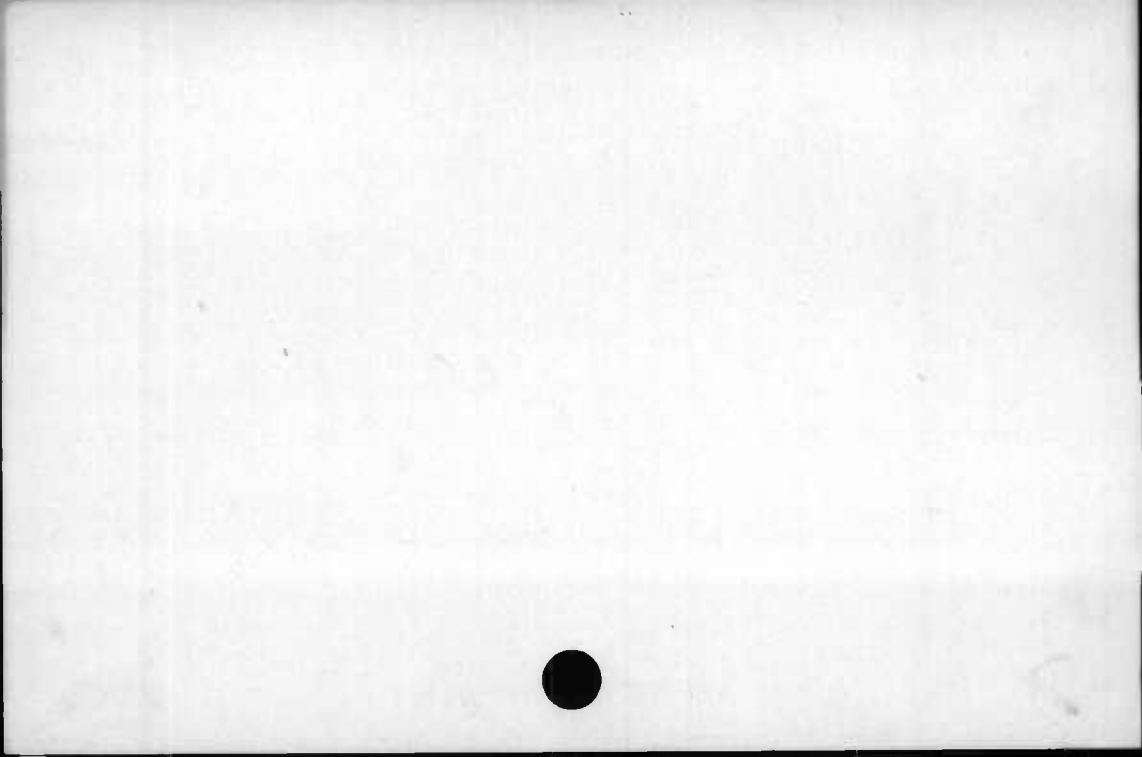
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>20</i>
Immediate <i>Paralysis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ira H. Beall, M.D.</i>
	Address <i>Libertytown, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		John A. Kohlenburg				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND							
		mar Urbana		Frederick									
		Date of death	1906	Month	oct	Day	18	Age	70	Months	2	Days	18
		Sex	Male	Color or Race	White	Birth-place	Frederick Co						
		Occupation	Labourer			Where Residing if not at place of death							
PHYSICIAN OR CORONER		Married, Single	Married		Name of Wife or	Ellen R Trout							
		Father's Name	Adam Kohlenburg			Father's Birthplace	Frederick Co						
		Mother's Maiden Name	Mary Legist			Mother's Birthplace	Frederick Co						
		Name of person giving information	Geo. W. Kohlenburg			How related to deceased	Son -						
		CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary	Degeneration incident to old age				How long	Information					
		Immediate	Had no doctor				How long	given by son					
		Are the name, age, sex, color, date and place correctly given above?	Yes.				Signature of Physician	E. E. Mullins					
						Address	Urbana Md.						
		Accident or Suicide?											



Name
in
Full

N. J. Keagen brink

CERTIFICATE OF DEATH

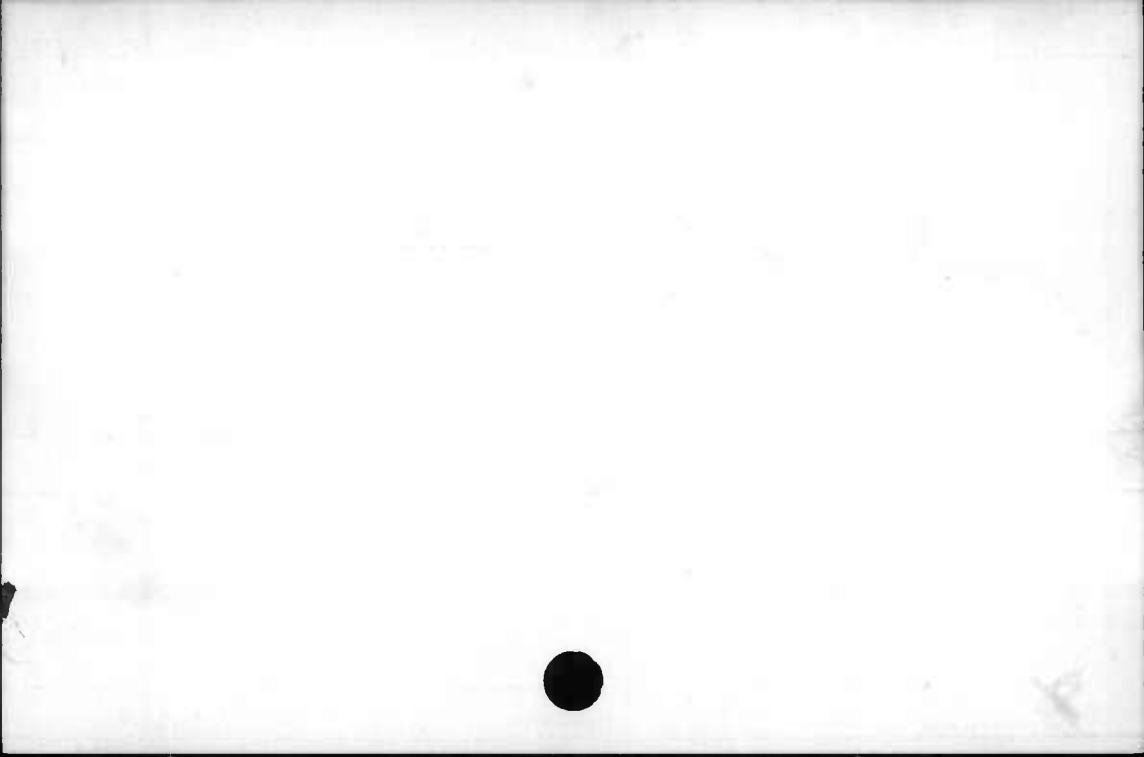
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brunswick		^{County} Brunswick		MARYLAND	
Date of death	1906	Month	Oct	Day	6
Age		Years	22	Months	-
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation		Where Residing if not at place of death			
Brokenman on R.R.		1 Battalion Ind			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Crushed between cars	How long	166
Immediate	Shock and internal injury	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		L. M. West	
		Address	
		Brunswick	
		Frederick Co	
Accident or Suicide?			



Name
in
Full

Mrs Mary A. R. Lambert -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Indenich*

Town

Indenich

County

Date
of death *1906*Month
*10*Day
*9*Age
80

Years

Months
*10*Days
*13*Sex *Female*Color or
Race *White*Birth-
place *Co -*Occupation
*H'wife*Where Residing If not
at place of death ***~~M~~
~~Widowed~~Name of Wife or
Husband*J. George Lambert*Father's
Name *Jacob Grove*Father's
Birthplace *Co*Mother's
Maiden Name *Eliza*Mother's
Birthplace *Co*Name of person giving
information *Geo A Parsley*How related
to deceased *S in law*

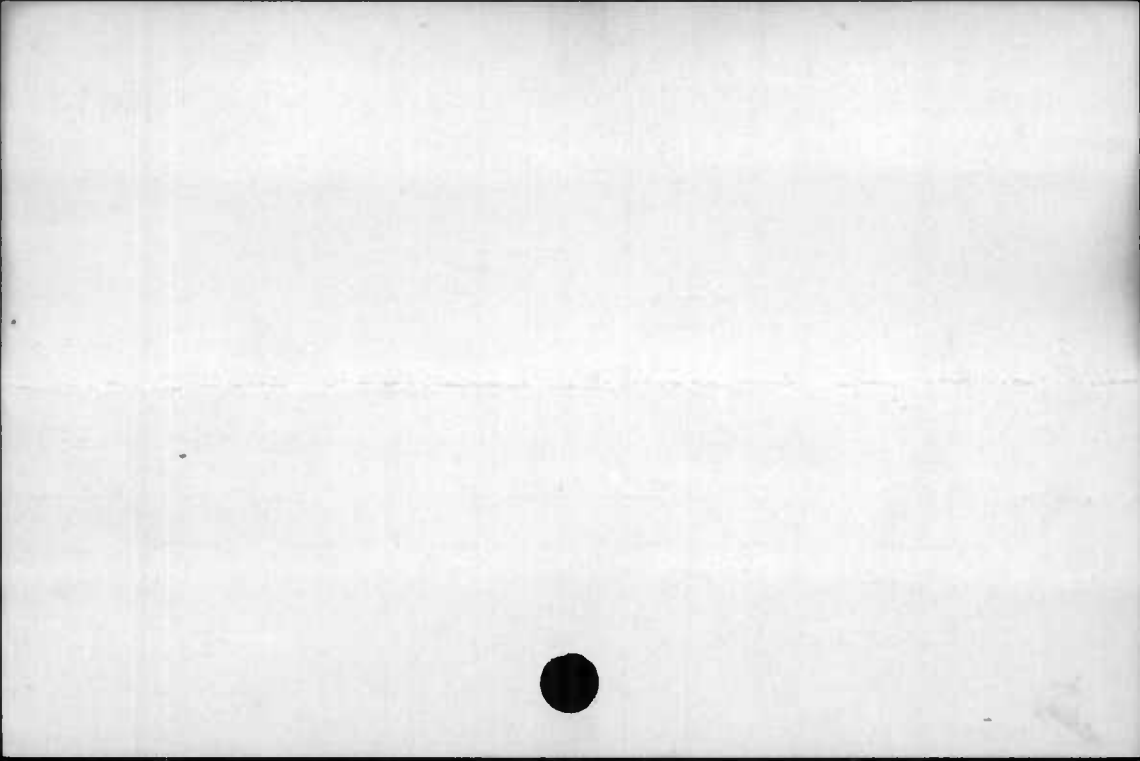
CAUSES OF DEATH

Primary *Acute Indigestion*How long *1 wk*Immediate *Exhaustion*How long *-*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician*Franklin Buchanan Smith*

Address

*Indenich**md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buckeys town</i>		County <i>Princess Anne</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>30</i>	Age <i>about 40</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>✓</i>	
Occupation			Where Residing if not at place of death <i>Don't know</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Don't know.</i>			
Father's Name <i>Don't know</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mr. Jno. Baker</i>			How related to deceased <i>Son -</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidental Fall</i>	How long <i>Accident occurred P. 30 PM 10-29-06</i>
Immediate <i>Compression Brain - probably from fracture skull</i>	How long <i>Went 1 A M 10-30-06</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs.</i>	Signature of Physician <i>Dr. Nathan Buchanan</i>
	Address <i>Princess Anne</i>
Accident or suicide?	

W. H. B. Etchison

Name
in
Full

Sarah Adell Louf

CERTIFICATE OF DEATH

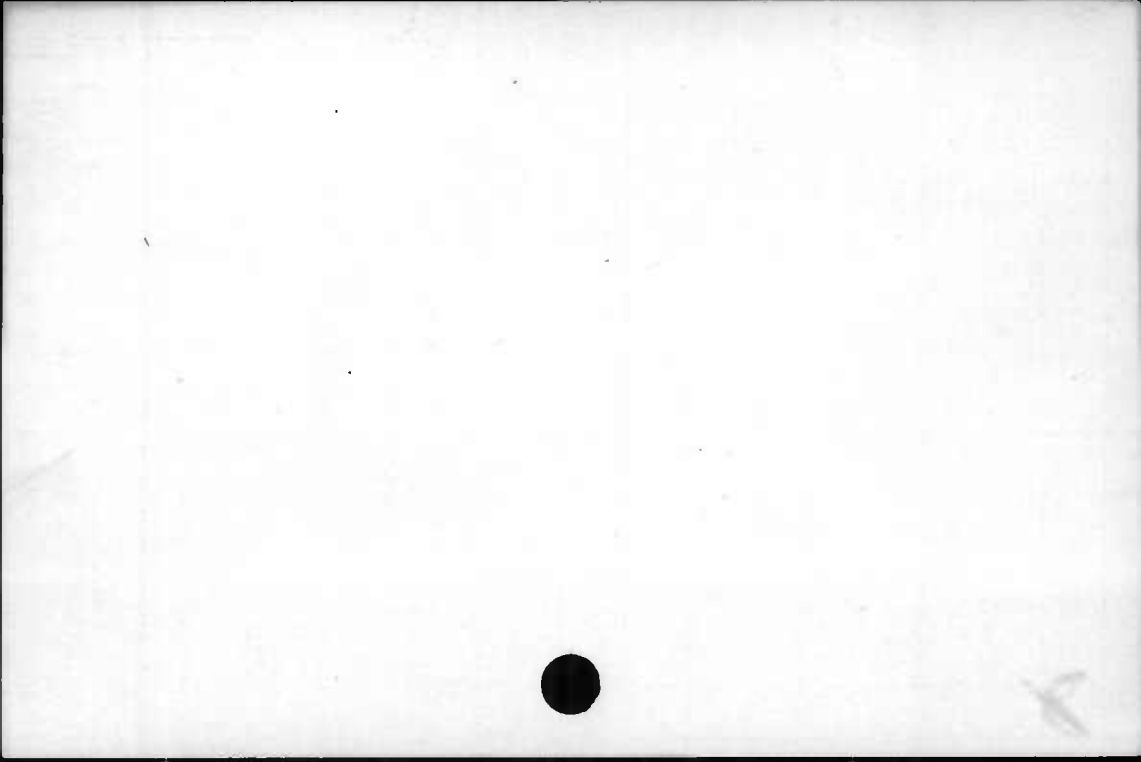
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Middletown		^{County} Frederick		MARYLAND	
Date of death	1906	Month	Oct	Day	27
Age		Years		Months	Days
		0		1	24
Sex	Female		Color or Race	White	
Birthplace	Middletown Ind				
Occupation	None		Where Residing if not at place of death		
		C			
Married, Single or Widowed	Single		Name of Wife or Husband		
		C			
Father's Name	George E Louf			Father's Birthplace	
Mother's Maiden Name	Hannie C Haupt			Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	How long	6 wks
Immediate	Inanition	How long	6 wks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E L Beckley
		Address	Middletown Ind.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Sr Mary Sebastian McDonald

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>10</i>	Day <i>26</i>	Age <i>60</i>	Years <i>7</i>	Months <i>4</i>	Days <i>4</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New Brunswick N.B.</i>			
Occupation <i>Religious</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>James Mac Donald</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Catharine Suilvery</i>		Mother's Birthplace <i>?</i>					
Name of person giving information <i>Sister of Carmel of Montclair</i>		How related to deceased _____					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>?</i>
Immediate <i>Hemorrhage from lungs</i>	How long <i>3 days before death</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>8</i>	



Name
In
Full

Grason H. (Marcer) died

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Braddock		County Harris		MARYLAND	
Date of death	1906	Month Oct	Day 8	Age	Years 1	Months 2	Days 1
Sex	Female		Color or Race	white		Birth-place	Braddock
Occupation	X			Where Residing If not at place of death X			
Married, Single or Widowed	X		Name of Wife or Husband X				
Father's Name	Grason H. Mercer					Father's Birthplace	Braddock
Mother's Maiden Name	Grace Grooms					Mother's Birthplace	Braddock
Name of person giving information	Albert Mercer					How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malformation of Heart		How long	1 day
Immediate	Cyanosis		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. J. Maynard.	
Yes		Address	17 Second St W. Braddock Md	
Accident or Suicide?				

W. - Grete
Middletown
Md.

Name
in Full

Clarence Wade Misner

CERTIFICATE OF DEATH

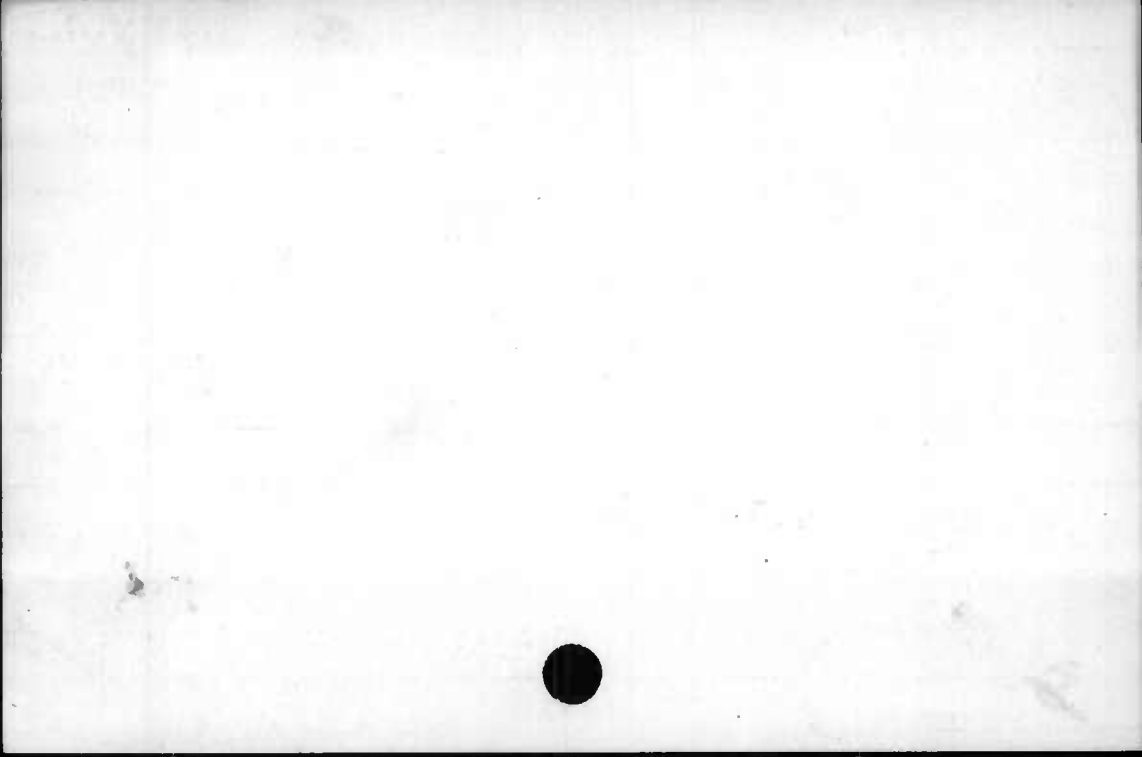
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Garfield		^{County} Frederick		MARYLAND	
Date of death	1906	Month	Oct	Day	14
Age	Years		Months		Days
Sex	male		Color or Race	white	
Occupation	Infant		Birth-place	Garfield	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Dallas W. Misner		
Father's Birthplace			md		
Mother's Maiden Name			Rosa b. Greene		
Mother's Birthplace			md		
Name of person giving information			Dallas W. Misner		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Invagination of Bowel	How long	
Immediate	Typhoid	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. J. Smith
		Address	Wolfsville md
Accident or Suicide?			



Name
in
Full

Dudley Moore

CERTIFICATE OF DEATH

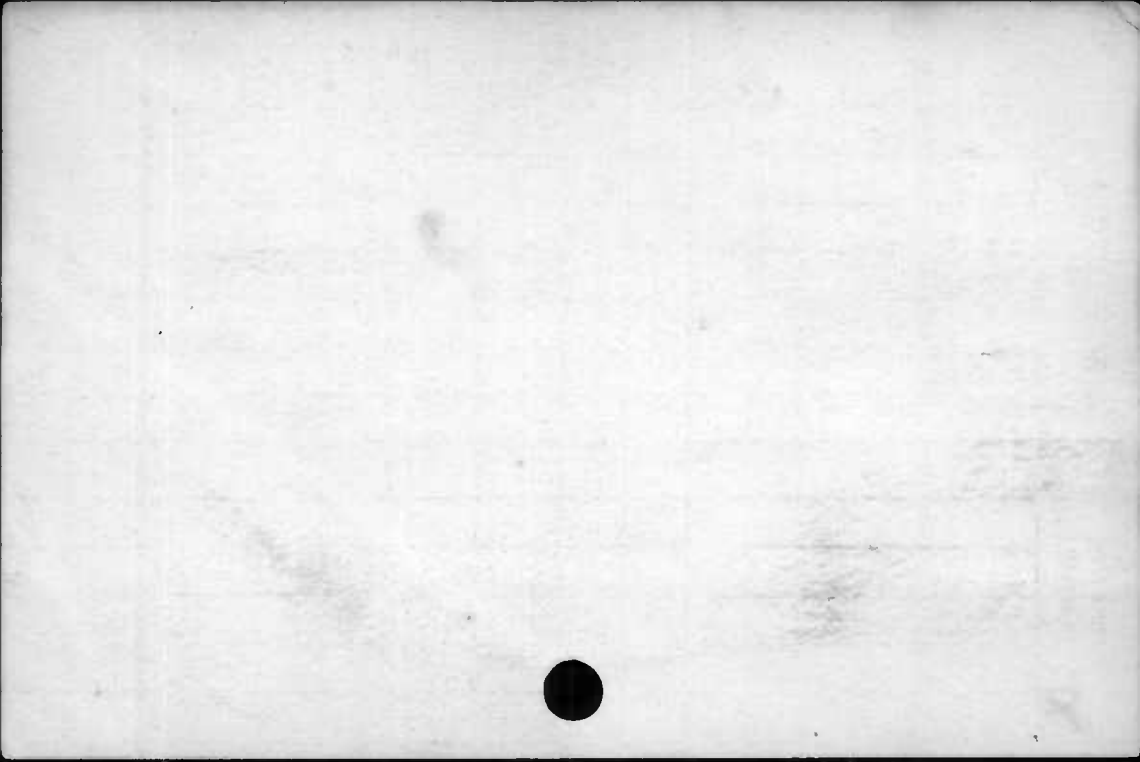
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Star Jefferson</i> ^{County} <i>Frederick Co</i>		MARYLAND	
Date of death 190 <i>6</i>	^{Month} <i>10</i>	^{Day} <i>10</i>	Age ^{Years} <i>18</i> ^{Months} <i>8</i> ^{Days} <i>29</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>	Birth-place <i>Montgomery</i>	
Married, Single or Widowed			
Name of Wife or Husband <i>Ann White</i>			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>Elwood Moore</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis of the heart</i>	How long <i>3 weeks</i>
Immediate <i>Apoplexy</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. A. Hendrix</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

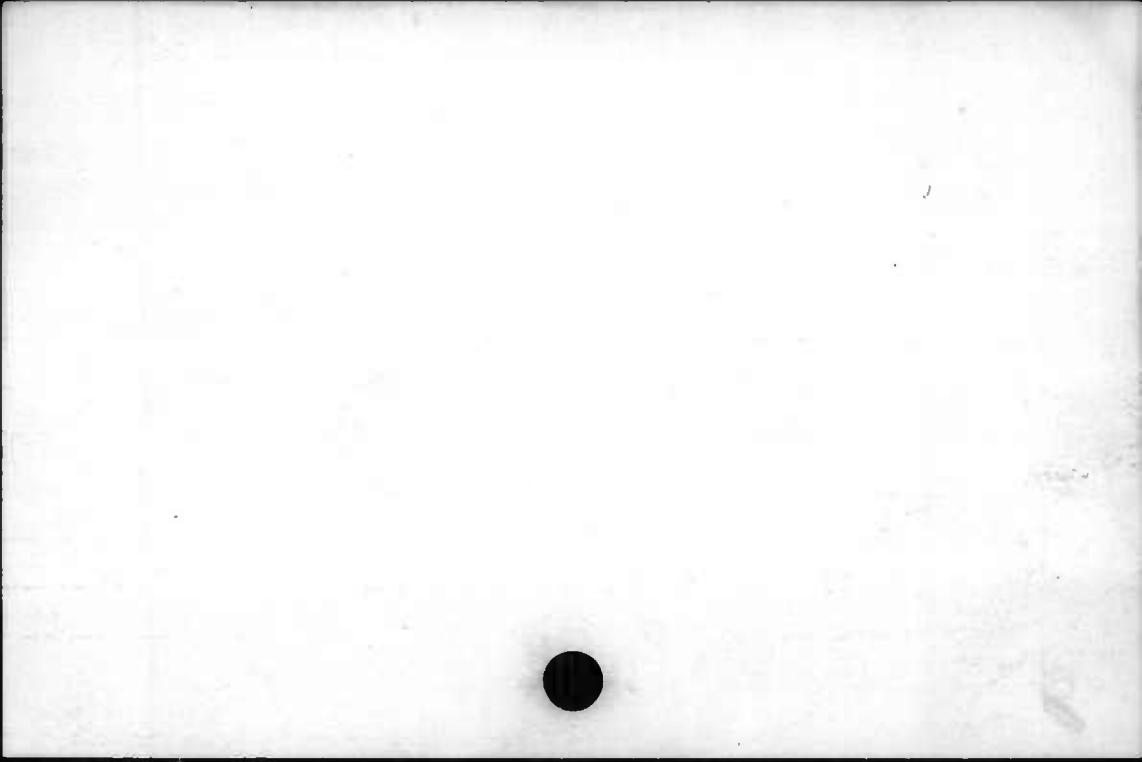
MARYLAND

Died at *Orchard* Town *Frederick* CountyDate of death *1906* Month *Oct.* Day *13* Age *55* Years Months *1* Days *21*Sex *Male* Color or Race *White* Birth-place *Md.*Occupation *Farmer* Where Residing if not at place of death *at place of death*Married, Single or Widowed *Married* Name of Wife or Husband *Emma Ecker*Father's Name *George Mapps* Father's Birthplace *Md.*Mother's Maiden Name *Hyde* Mother's Birthplace *Md.*Name of person giving information *Henry Poole* How related to deceased *In no way*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Nephritis also Tuberculosis* How long *3 years*Immediate *Exhaustion* How long *Sudden*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Thomas P. Sappington*Address *Unionville*
Maryland

Accident or Suicide?



Name
in
Full

Lydia A Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Emmitsburg		Frederick County.		MARYLAND	
Date of death		1906	Oct.	20	Age	76	27
Sex		Female		Color or Race		White	
Occupation		House - wife		Where Residing if not at place of death		Emmitsburg	
Married, Single or Widowed		Married		Name of Husband		Ephraim Myers	
Father's Name		Mathias Eiger		Father's Birthplace		Emmitsburg	
Mother's Maiden Name		Helen Webb		Mother's Birthplace		Emmitsburg	
Name of person giving information		Ephraim Myers		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	Five years
Immediate	Cardiac exhaustion	How long	Four months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. J. Jamison	
Address		Emmitsburg Md.	
Accident or Suicide?			



80

Name
in
Full

CERTIFICATE OF DEATH

Cornelia C. Nickels

Town

County

MARYLAND

Died at Frederick

Frederick

Date

Month

Day

Years

Months

Days

of death 1906

10

14

Age

65

—

7

Sex

Female

Color or
Race

White

Birth-
place

F. Co. Md.

Occupation

House Wife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

A. Luther Nickels

Father's
Name

Solomon Schroyer

Father's
Birthplace

F. Co. Md.

Mother's
Maiden Name

Lydia Nosses

Mother's
Birthplace

" " "

Name of person giving
In formation

Naomi C. Nickels

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Heart Disease

How long

1 Year

Immediate

Acute Indigestion

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C. F. Gorden. M.D.

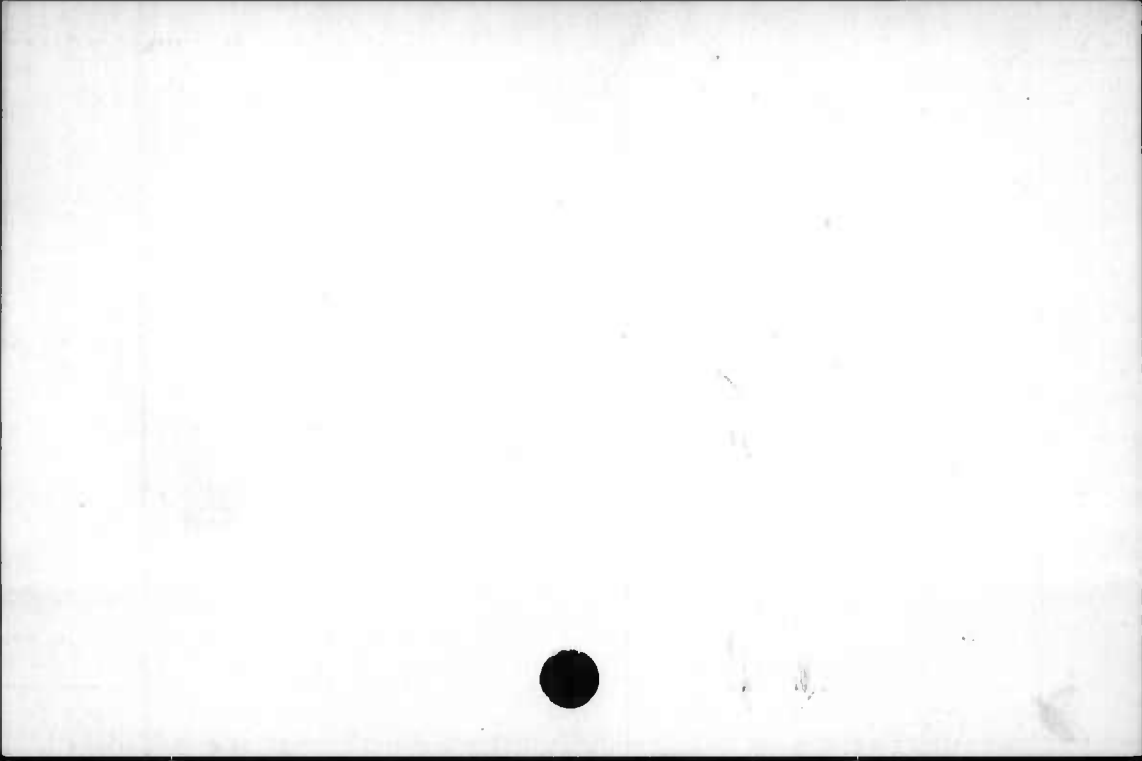
Address

Frederick

Accident or Suicide?

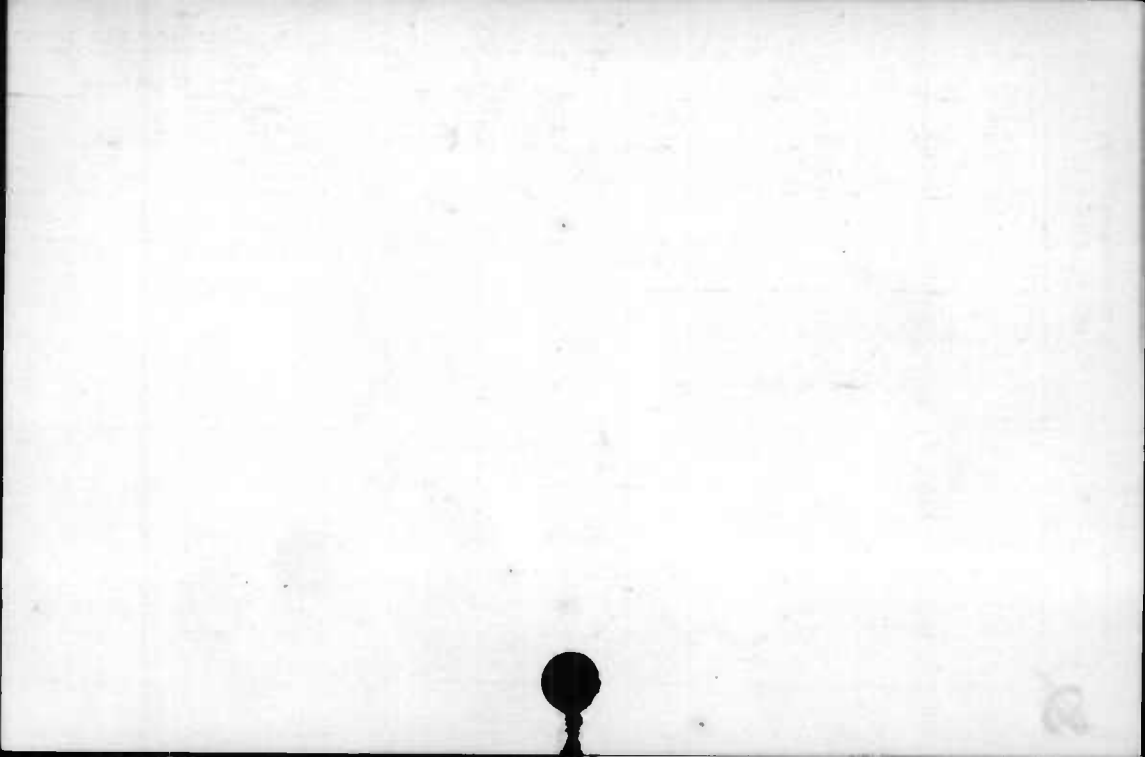
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TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

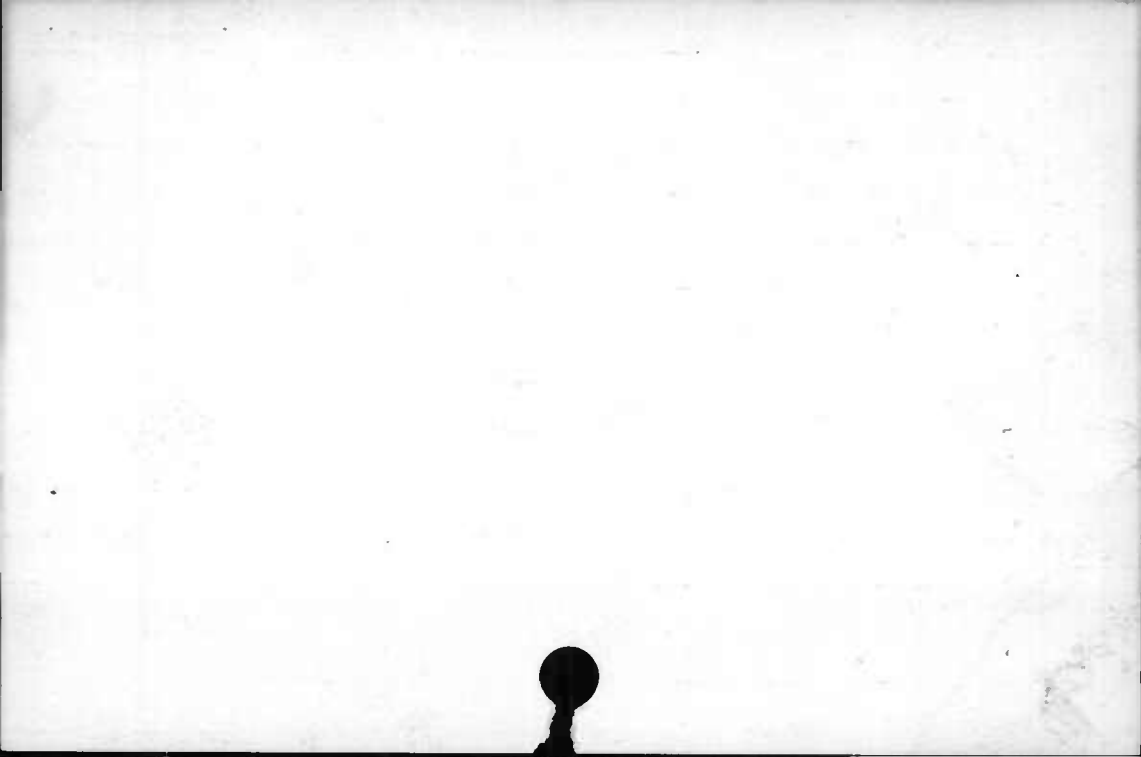


Name in Full Mary H. Hinkirk		CERTIFICATE OF DEATH	
Died at Middletown ^{Town}		Frederick ^{County}	
Date of death 1906		Month Oct	Day 19
Age 79		Years 79	Months 3
Sex Female		Color or Race White	Birth-place
Occupation Housewife		Where Residing if not at place of death	
Married, Single or Widowed Widow	Name of Wife or Husband George Hinkirk		
Father's Name Lewis Bechtel	Father's Birthplace		
Mother's Maiden Name Catharine Wieland	Mother's Birthplace		
Name of person giving information		How related to deceased	

CAUSES OF DEATH	
Primary Accident - (fall.)	How long 160
Immediate Exhaustion & heart failure	How long Sept 18/1906
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. L. Beckley
	Address Middletown
Accident or Suicide?	



Name in Full		Maudie May Peddicord				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Stalkersville	County Frederick	MARYLAND		
		Date of death	1906	Month Oct	Day 5	Age —	Years —	Months 5
		Sex	Female		Color or Race	White		Birthplace
		Occupation			Where Residing if not at place of death		home	
		Married, Single or Widowed			Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name	Wm L. Peddicord			Father's Birthplace	Thurmont	
		Mother's Maiden Name	Mary Ellen Wolfe			Mother's Birthplace	Foxville Md.	
		Name of person giving information	Wm L. Peddicord			How related to deceased	Father	
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary	Marasmus			How long	30 days	
		Immediate	Marasmus			How long	"	
		Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	John J. Remsburg M.D.	
					Address	Stalkersville Md.		
		Accident or Suicide?						



Name
in
Full

Francis Thomas Rhodes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Fred</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1906</i>	<i>10</i>	<i>20</i>	<i>71</i>	<i>3</i>	<i>15</i>
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>White</i>		<i>md</i>		
Occupation	Where Residing if not at place of death				
<i>Church Janitor</i>	<i>+</i>				
Married, <input checked="" type="checkbox"/> <i>Yes</i> or <input checked="" type="checkbox"/> <i>Widowed</i>	Name of Wife or <i>Eliza Jane Mantz</i>				
Father's Name	<i>John Rhodes</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Minerva Rice</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Ada L Rhodes</i>			How related to deceased	<i>daughter</i>

CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>5 mos</i>
Immediate <i>Exhaustion</i>	How long <i>1 mo</i>

Are the name, age, sex, color, date and place correctly given above?

☒

Signature of Physician

Chas. F. Goodell. M.D.

Address

*Frederick,**md.*

Accident or Suicide?

No



Name
in
Full

Jm Ridgley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montevue Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month	Oct	Day	20	Age	40
Sex	Male		Color or Race	Black		Birthplace	Monty G. Insaur
Occupation	home			Where Residing if not at place of death			
Married, Single or Widowed	X			Name of Wife or Husband			
Father's Name	X			Father's Birthplace			
Mother's Maiden Name	X			Mother's Birthplace			
Name of person giving information	H. M. Shook, nurse			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac & pulmonary</i>	How long
Immediate		How long

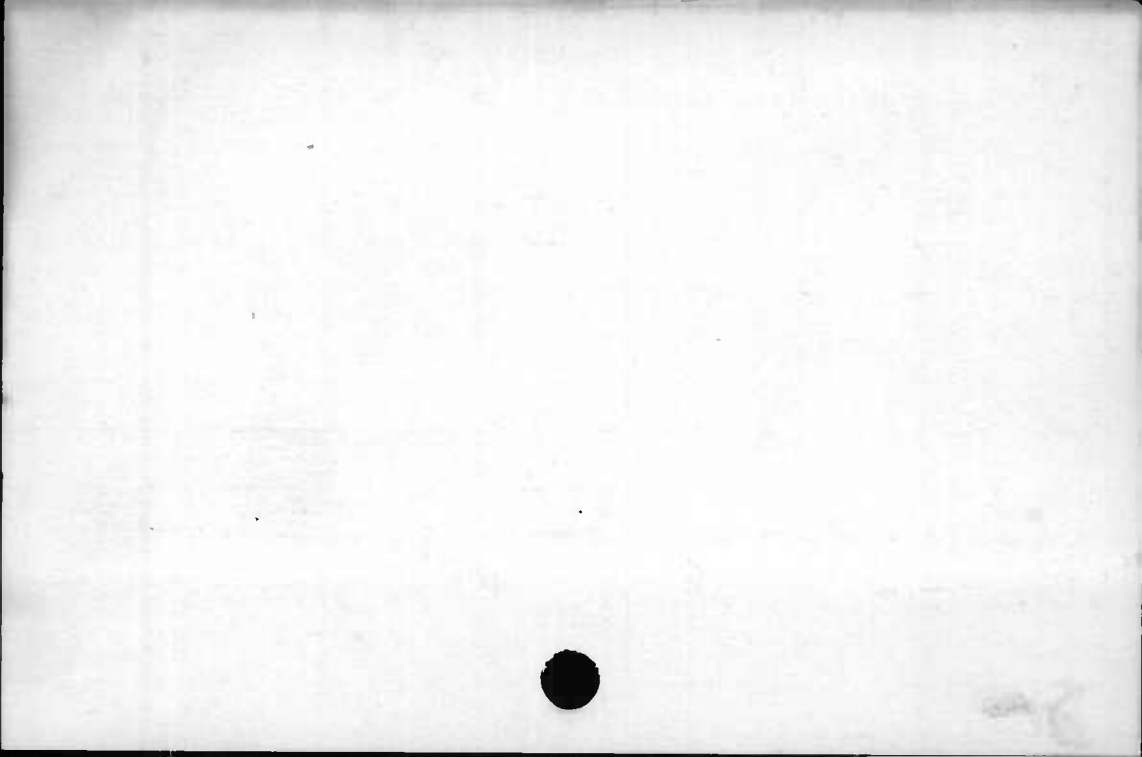
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. S. Lyson,
F. A. L. L. L.
M. L.

Accident or Suicide?



Name
in
Full

Emma Rinecker

CERTIFICATE OF DEATH

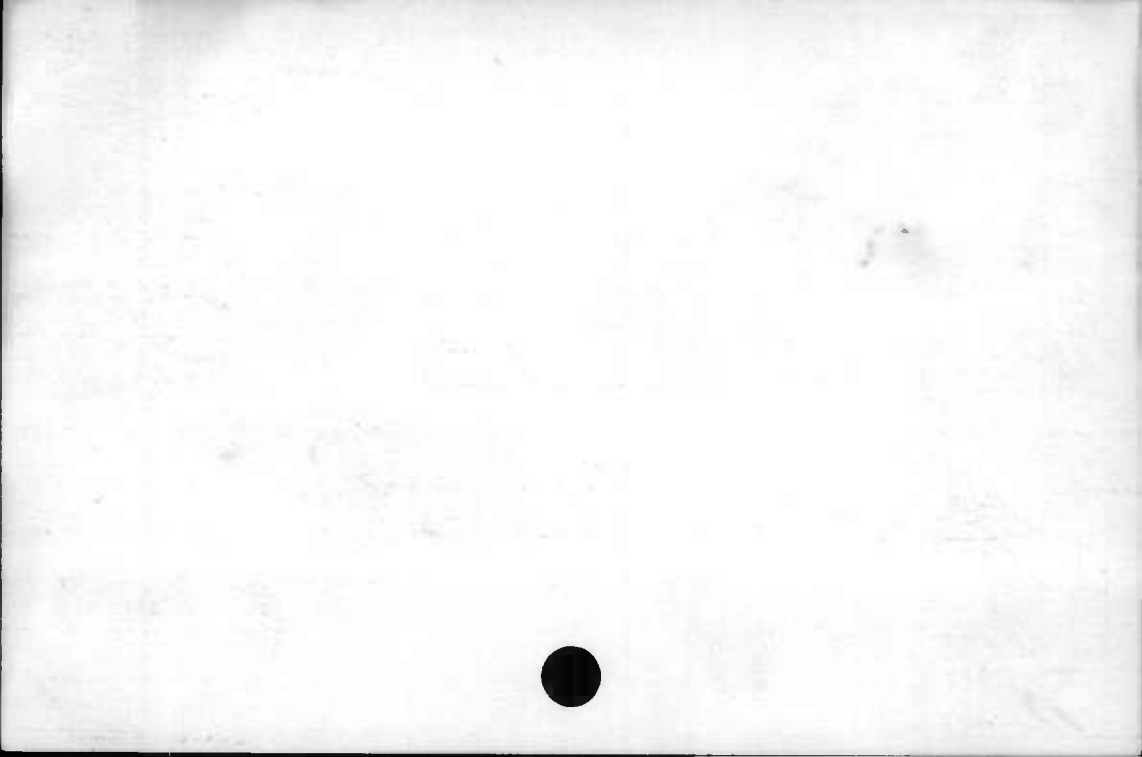
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Tcwn		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		October	24	Age 26	8	5	
Sex	Female	Color or Race	White		Birth-place	Md	
Occupation	House wife			Where Residing if not at place of death	At place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	John Rinecker				
Father's Name	John Lucker				Father's Birthplace	Md	
Mother's Maiden Name	Eliza Burdett				Mother's Birthplace	Md	
Name of person giving information	Philip Keefus				How related to deceased	In no way	

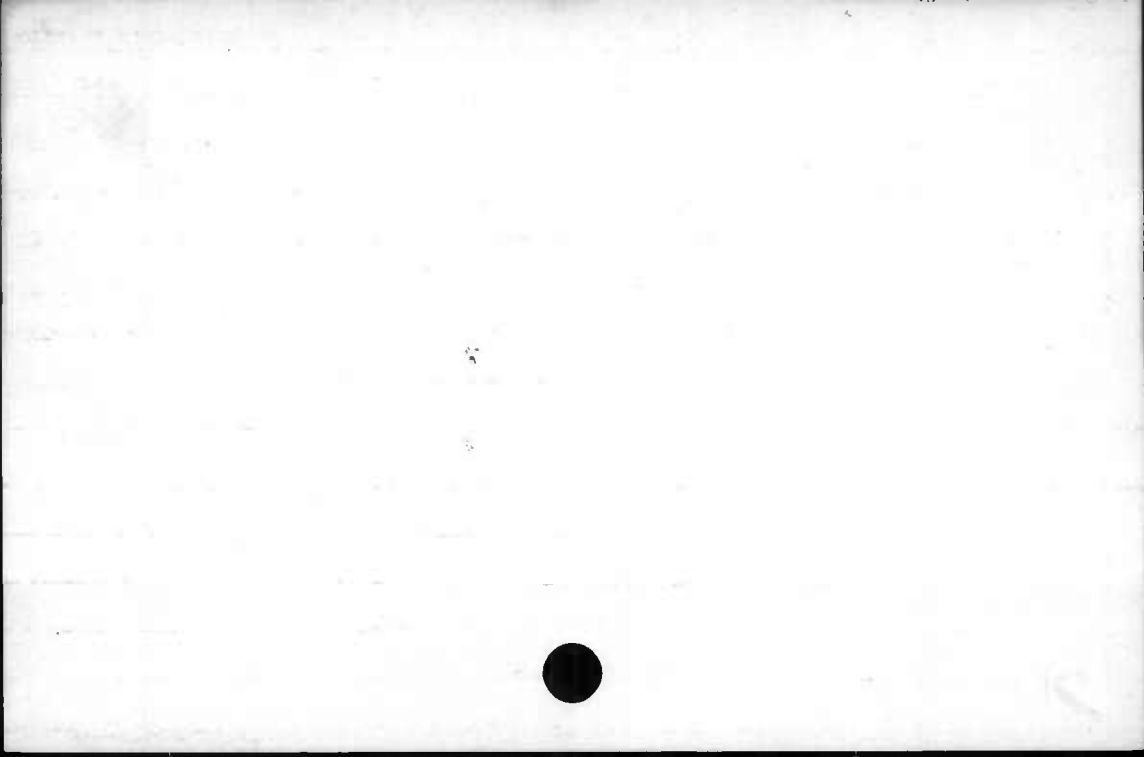
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pyphoid fever		How long	about 9 days
Immediate	Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		yes -	Signature of Physician	Sappington & Pearson
			Address	Unionville, Maryland.
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cyler</i> Town		<i>Rogers</i> County		MARYLAND
	Date of death <i>1906</i>	Month <i>10</i>	Day <i>22</i>	Age	Years Months Days
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Cyler</i>
	Occupation		Where Residing If not at place of death <i>home</i>		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>Wm. H. Rogers</i>		Father's Birthplace <i>Frederick Co.</i>		
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Anna B. Williard</i>		Mother's Birthplace <i>" "</i>		
	Name of person giving information <i>Harry Williard</i>		How related to deceased <i>grandfather</i>		
	CAUSES OF DEATH				
	Primary <i>Still born</i>		How long		
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician			
		Address <i>Harry J. Williard</i>			
Accident or Suicide?					



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

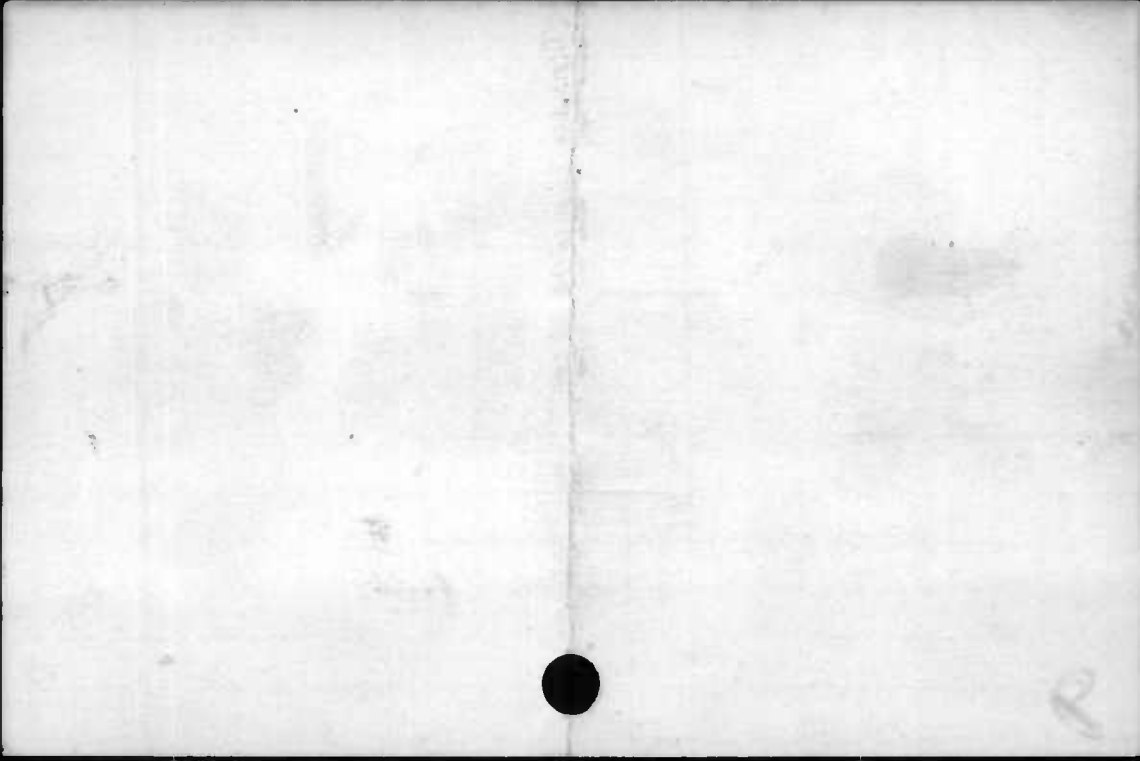
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodville</i>		County <i>Frederick</i>	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>18</i>	Age <i>96</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Carroll Co. Md.</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Frederick Co., Md.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Ellen Runkles</i>		
Father's Name <i>Joseph Runkles</i>	Father's Birthplace <i>On The Ocean</i>		
Mother's Maiden Name <i>Susan Bunsaid</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Joseph Runkles</i>	How related to deceased <i>Son -</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>Six months</i>
Immediate <i>Dropsy</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David M. Seville</i>
<i>Woodville Frederick</i>	Address <i>Co. Maryland</i>
Accident or Suicide?	



Name
in
Full

Annie L Russell

CERTIFICATE OF DEATH

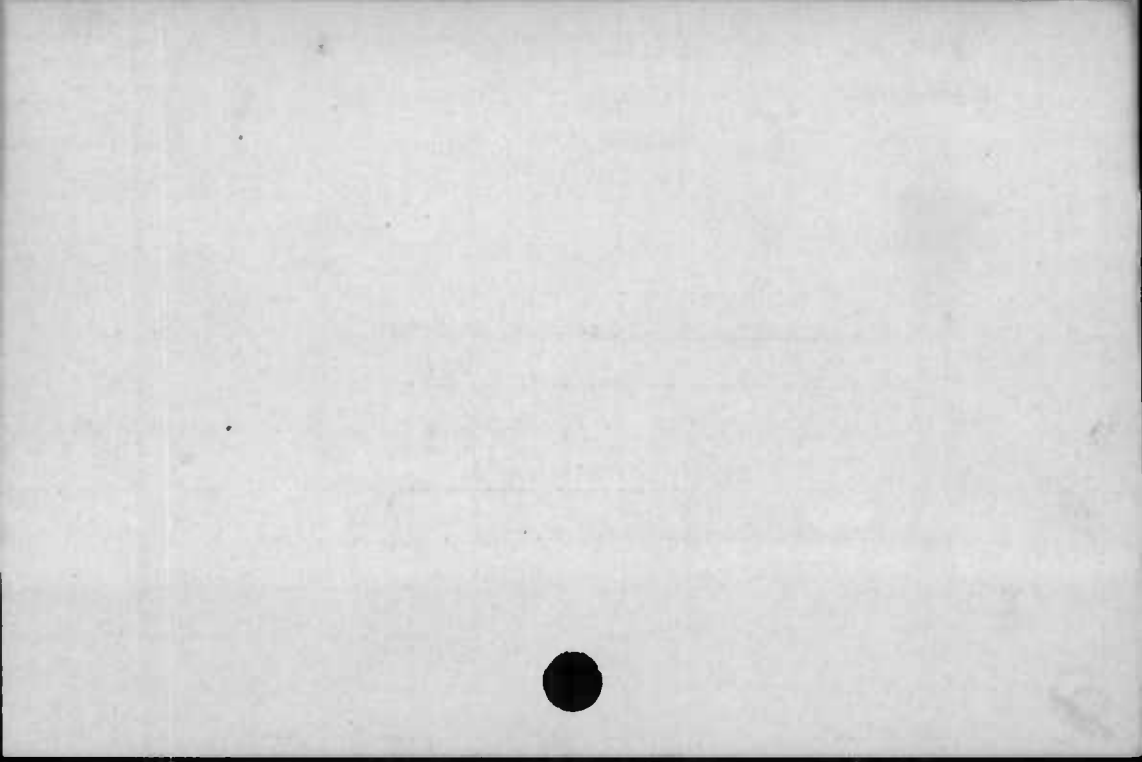
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u>		County <u>Fredrick</u>		MARYLAND	
Date of death	1906	Month	Oct	Day	20
Age		Years	13	Months	—
Sex	Female	Color or Race	White	Birth-place	Va
Occupation	none		Where Residing if not at place of death —		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	R. B. Russel			Father's Birthplace	W. Va
Mother's Maiden Name	Salter F. Miller			Mother's Birthplace	W Va
Name of person giving information	Annie Miller			How related to deceased	Aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	2 years
Immediate	Dropsy	How long	6 months
Are the name, age, sex, color, date and place correctly given above?	je	Signature of Physician	H S Hedges
		Address	Brunswick Mo
Accident or Suicide?			



Name
in
Full

Raymond Shoemaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rocky Springs</i>		Town <i>Rocky Springs</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>25</i>	Age <i>5</i>	Years <i>5</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>F. Leo Med</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas Shoemaker</i>				Father's Birthplace <i>F. Leo Med</i>			
Mother's Maiden Name <i>Effie Biser</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Martin Kline</i>				How related to deceased <i>Friend</i>			

CAUSES OF DEATH

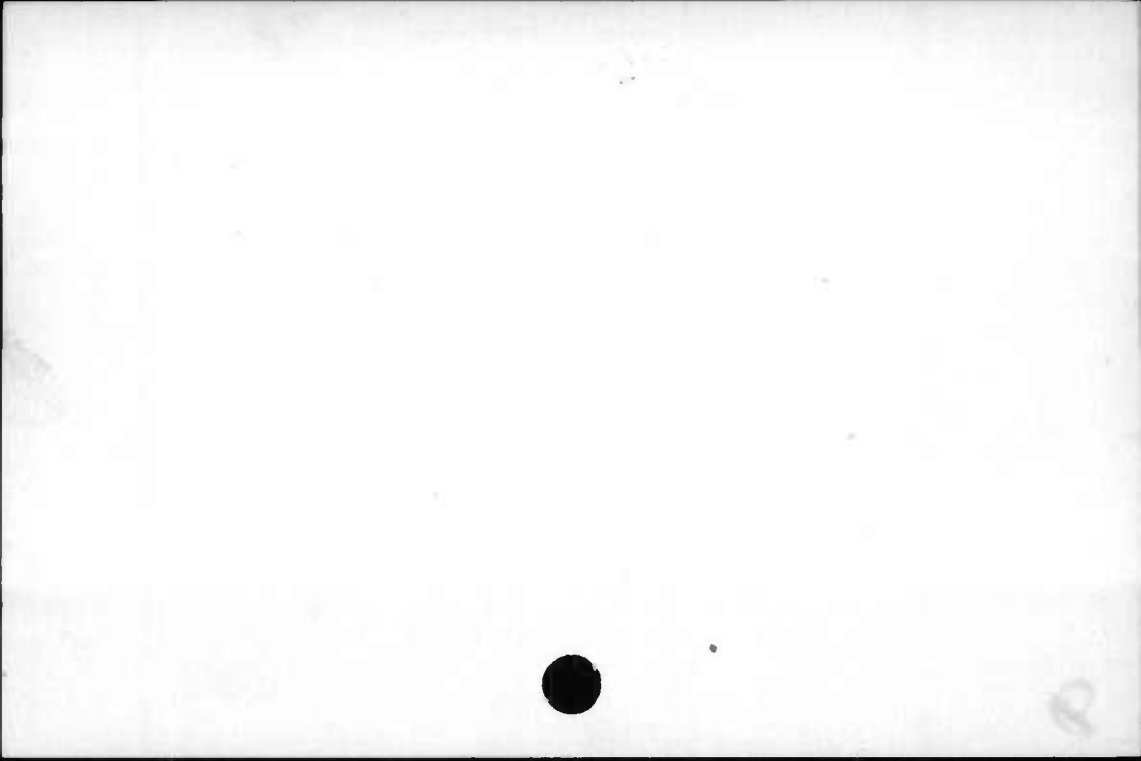
PHYSICIAN
OR CORONER

Primary <i>Membranous Croup</i>	How long <i>12 hours</i>
Immediate <i>asphyxia</i>	How long <i>40 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank Hedger</i>
	Address <i>Fredrick</i>
Accident or Suicide? <i>—</i>	

Oct. 25/96
Thos. P. Rice
Doubt Cemetery

Name in Full Effie M. Stup		CERTIFICATE OF DEATH	
Died at Charlesville Town		Fredrick County	
Date of death 1906		Month act-	Day 10
Age 32		Years	Months —
Sex Female		Color or Race white	Birth-place Ind
Occupation House wife		Where Residing if not at place of death	
Married, Single or Widowed married		Name of Wife or Husband Spencer Stup	
Father's Name Cornelius Staley		Father's Birthplace Ind	
Mother's Maiden Name Mary A. Measell		Mother's Birthplace Ind	
Name of person giving information		How related to deceased	

CAUSES OF DEATH	
Primary Eclampsia	How long 10 hours
Immediate Shock	How long 30 minutes
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. E. Miller
It is	Address Fredrick Ind
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

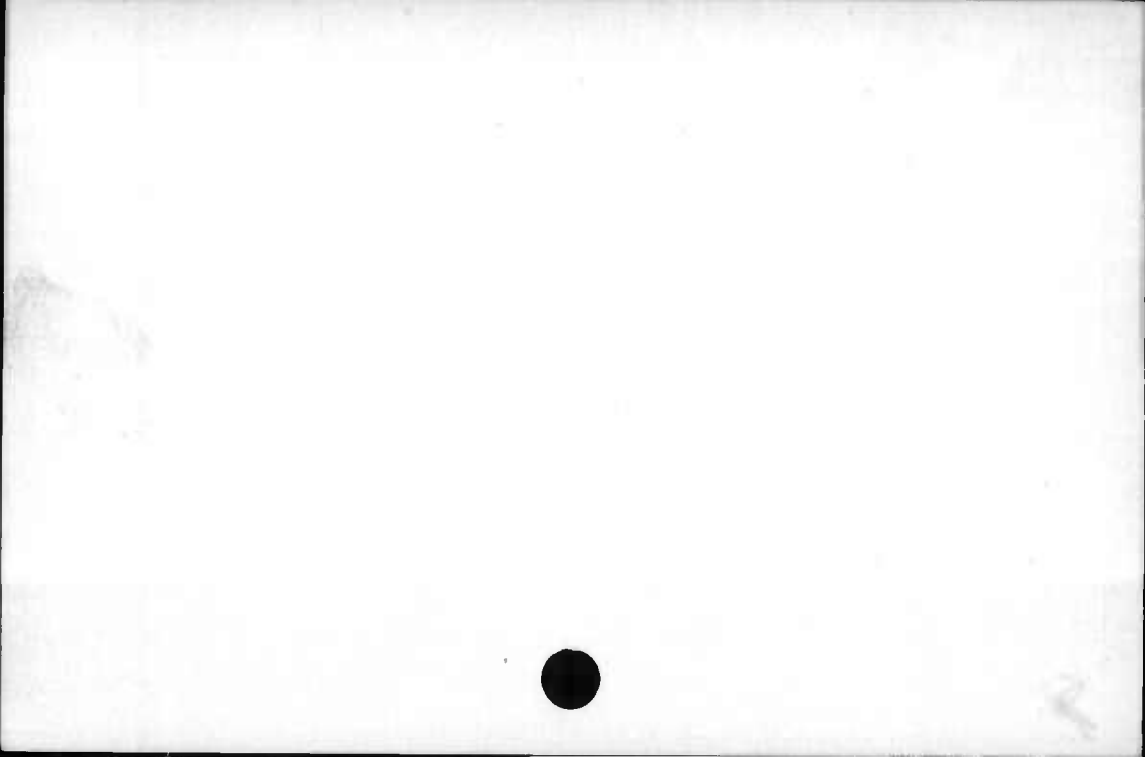
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charlesville</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>10</i>	Age <i>—</i>	Months <i>—</i>	Days <i>10 Months</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>nour</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Spencer S. Lupton</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Effie Staley</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>premature birth</i>	How long <i>sev hours</i>
Immediate <i>collapse</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. E. R. Miller</i>
	Address <i>Fredrick Ind</i>
Accident or Suicide?	



Name
in
Full

Alma A. Tyler

CERTIFICATE OF DEATH

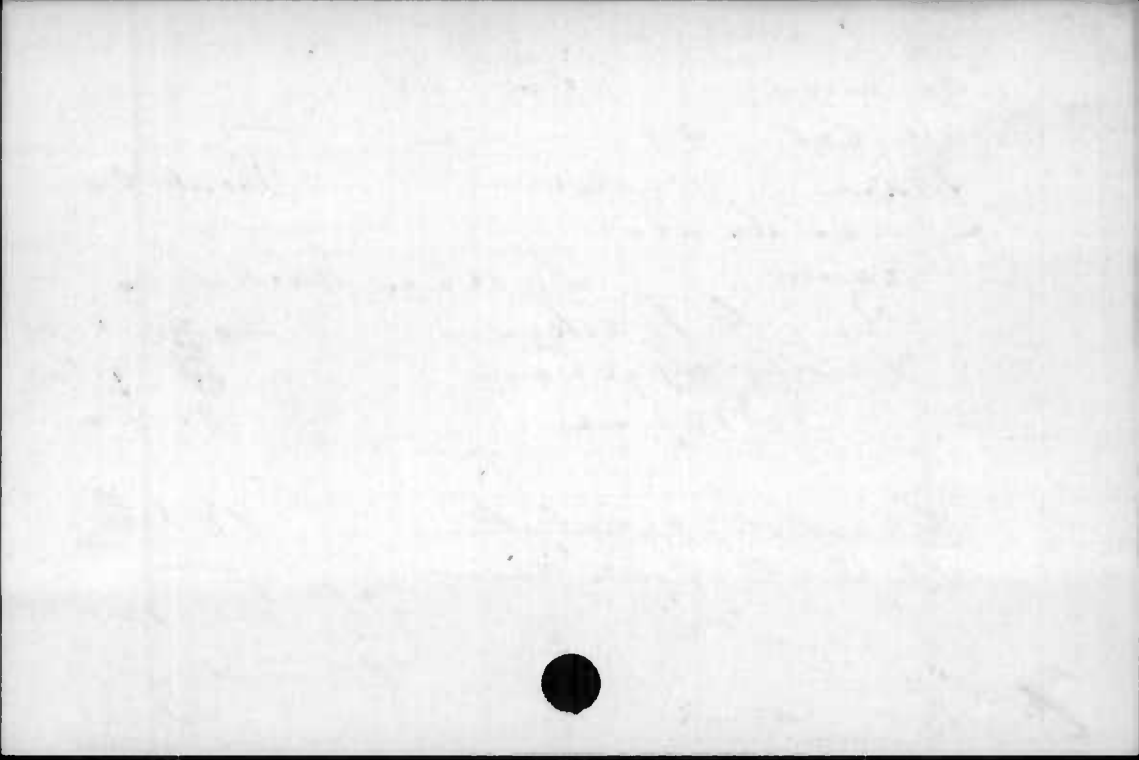
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fredens</u> Town <u>Fredens</u> County		MARYLAND	
Date of death	1906	Month <u>Oct</u>	Day <u>28</u>
Age	<u>20</u>	Years	Months <u>1</u>
Sex	<u>Female</u>	Color or Race	<u>Black</u>
Occupation	<u></u>	Birth-place	<u>Fredens, Md</u>
Where Residing if not at place of death		<u></u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u></u>
Father's Name	<u>Oliver Tyler</u>	Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Elysa Thomas</u>	Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Oliver Tyler</u>	How related to deceased	<u>Father</u>

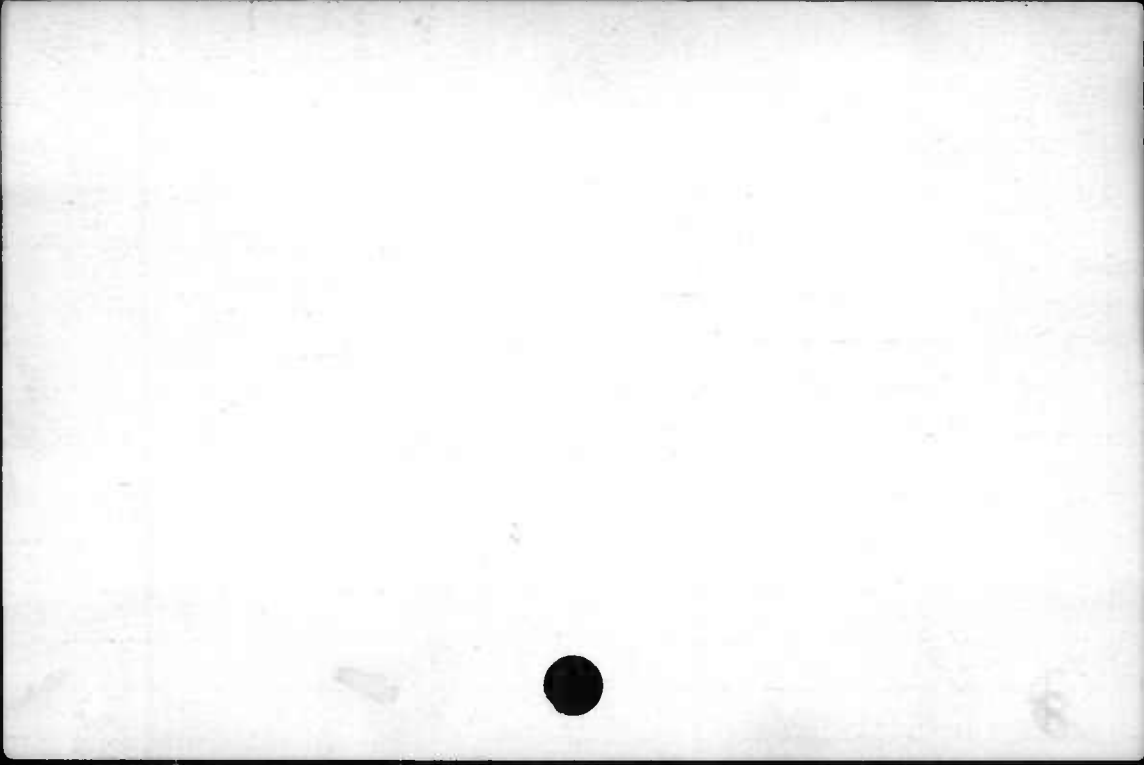
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Morassmus</u>	How long	<u>Several weeks</u>
Immediate	<u></u>	How long	<u></u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. B. Bourne</u>
Address	<u></u>	<u>Fredens, Md</u>	
Accident or Suicide?	<u></u>		



Name in Full		P. B. Watkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>	
		Date of death <i>1906</i>		Month <i>Oct</i>	Day <i>28</i>	Age <i>42</i>	Years <i>42</i>
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Montg Co.</i>	
		Occupation <i>Shoe dealer</i>		Where Residing If not at place of death <i>—</i>			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lillian Watkins</i>			
PHYSICIAN OR CORONER		Father's Name <i>Perry G. Watkins</i>		Father's Birthplace <i>Montg. Co. Md.</i>			
		Mother's Maiden Name <i>Emily Helen</i>		Mother's Birthplace <i>.. .. Ind.</i>			
		Name of person giving information <i>Wife</i>		How related to deceased <i>Wife</i>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Acute hemorrhagic</i>		How long <i>18 mos.</i>			
		Immediate <i>Acute Contusion</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P. B. Watkins</i>			
		Address <i>1 Kensington Md.</i>		Address <i>1 Kensington Md.</i>			
Accident or Suicide? <i>—</i>		LIBRARY BUREAU A68816					



Name
in
Full

Helen Catherine Weddle

CERTIFICATE OF DEATH

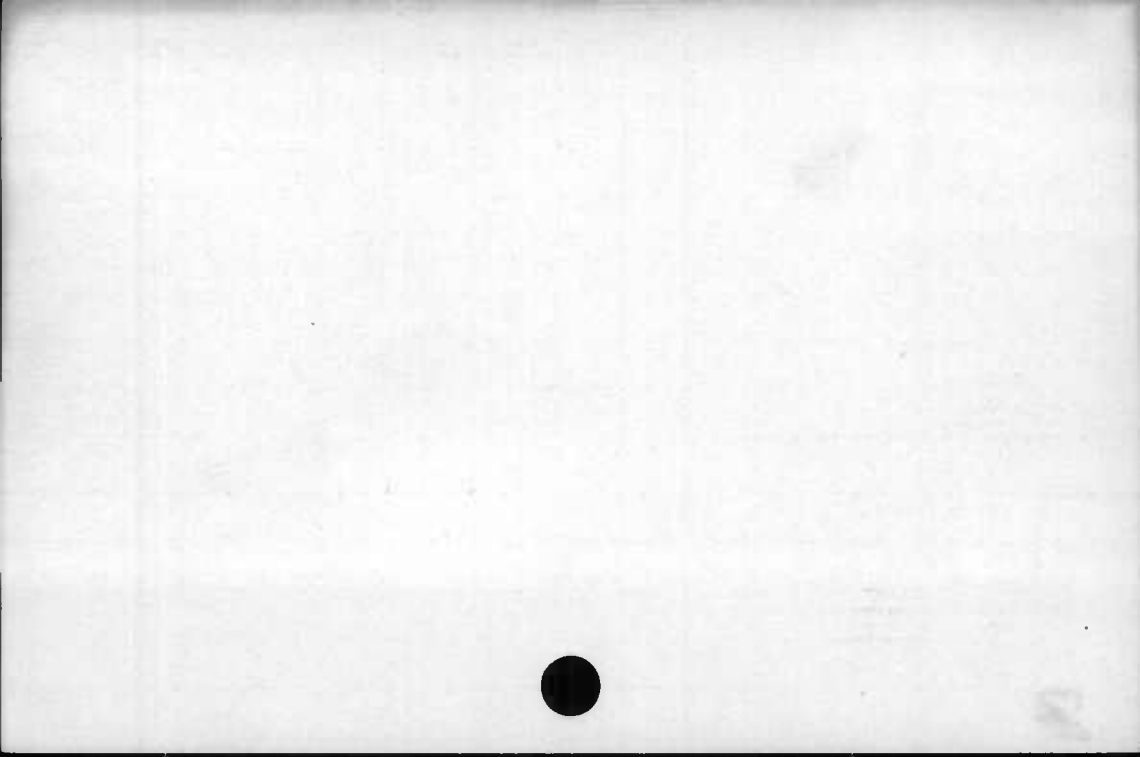
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Shurmont</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1906	Month <i>10th</i>	Day <i>11</i>	Age	Years <i>1</i>	Months <i>—</i>	Days <i>26</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Shurmont</i>				
Married, Single or Widowed			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>C. Grayson Weddle</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Ella Brown</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>C. G. Weddle</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scalding</i>	How long	<i>one day</i>
Immediate	<i>Nervous Shock</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>James R. Walker</i>	
Accident or Suicide?			



Name
in
Full

Nancy B. Wilson

CERTIFICATE OF DEATH

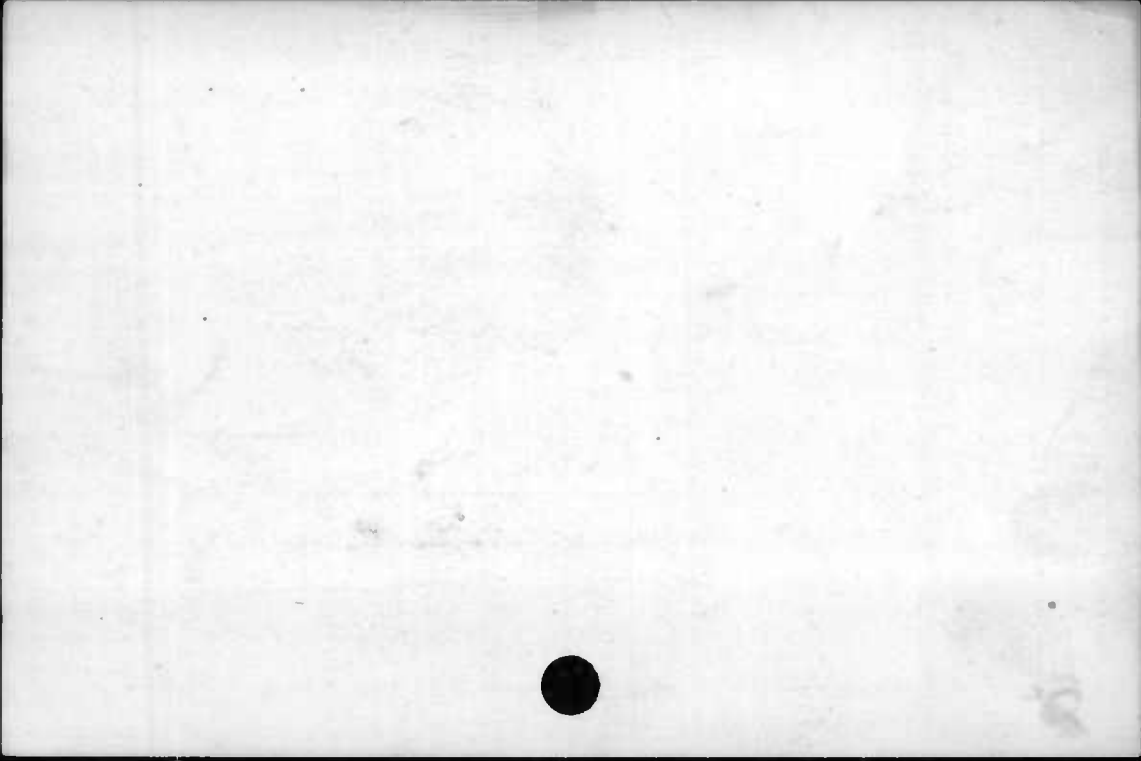
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Oct.	31	Age 74	9		
Sex	Male	Color or Race	White American		Birthplace	Union Bridge	
Occupation	Farmer		Where Residing if not at place of death		Mt. Airy Junction		
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	William Wilson				Father's Birthplace	Union Bridge	
Mother's Maiden Name	Anantha Spurin				Mother's Birthplace	New Hampton	
Name of person giving information	Charles Wilson				How related to deceased	Son	

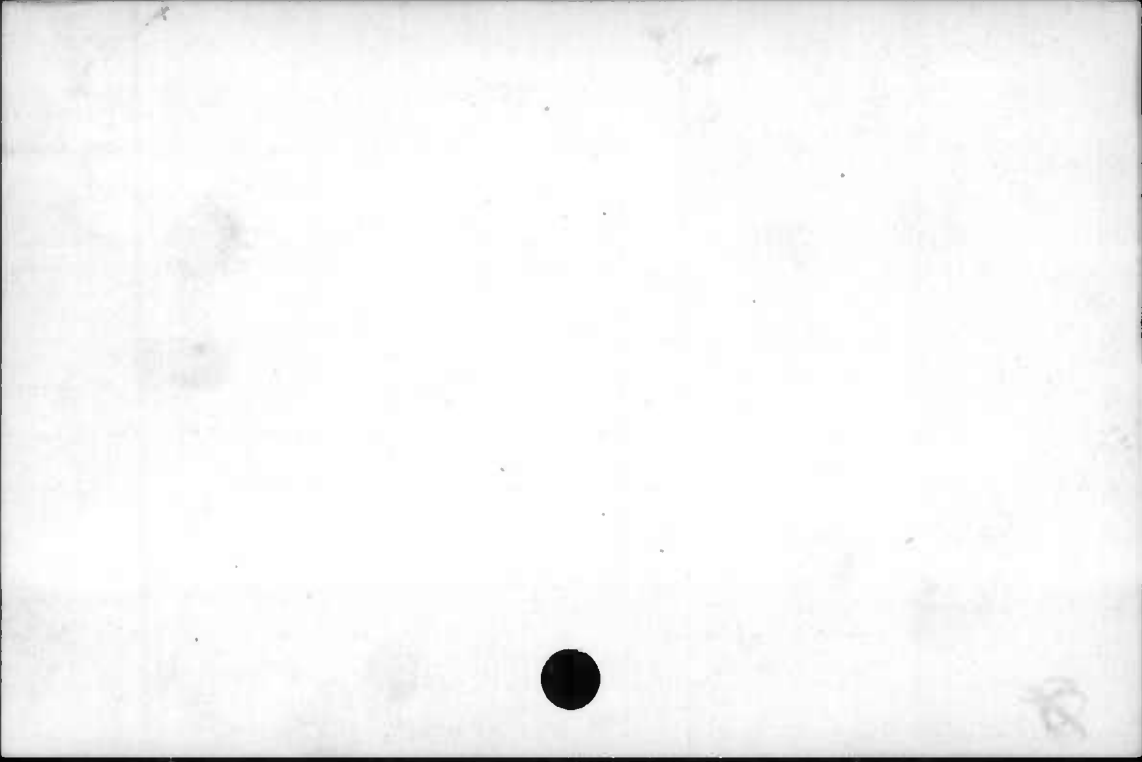
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of conch & Tongue	How long	2 Years
Immediate	Ordinary of lungs	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. E. Brownell	
Address		Mt. Airy, Md.	
Accident or Suicide?			



Name in Full		James K. Wolfe				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town near Foxville	County Frederick	MARYLAND		
	Date of death	1906	Month Oct	Day 23	Years 63	Months 6	Days 19
	Sex	male		Color or Race	white		Birth- place
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband			
	Father's Name	Samuel Wolfe				Father's Birthplace	Ind.
	Mother's Maiden Name	Mary Kuhn				Mother's Birthplace	Ind.
Name of person giving In formation	Vernon Buchanan				How related to deceased	none	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cancer of Face				How long	about 3 yrs
	Immediate	General debility				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					A. J. Smith Wolfsville Ind.		
Accident or Suicide?		Found Dead					



Name
In
Full

CERTIFICATE OF DEATH

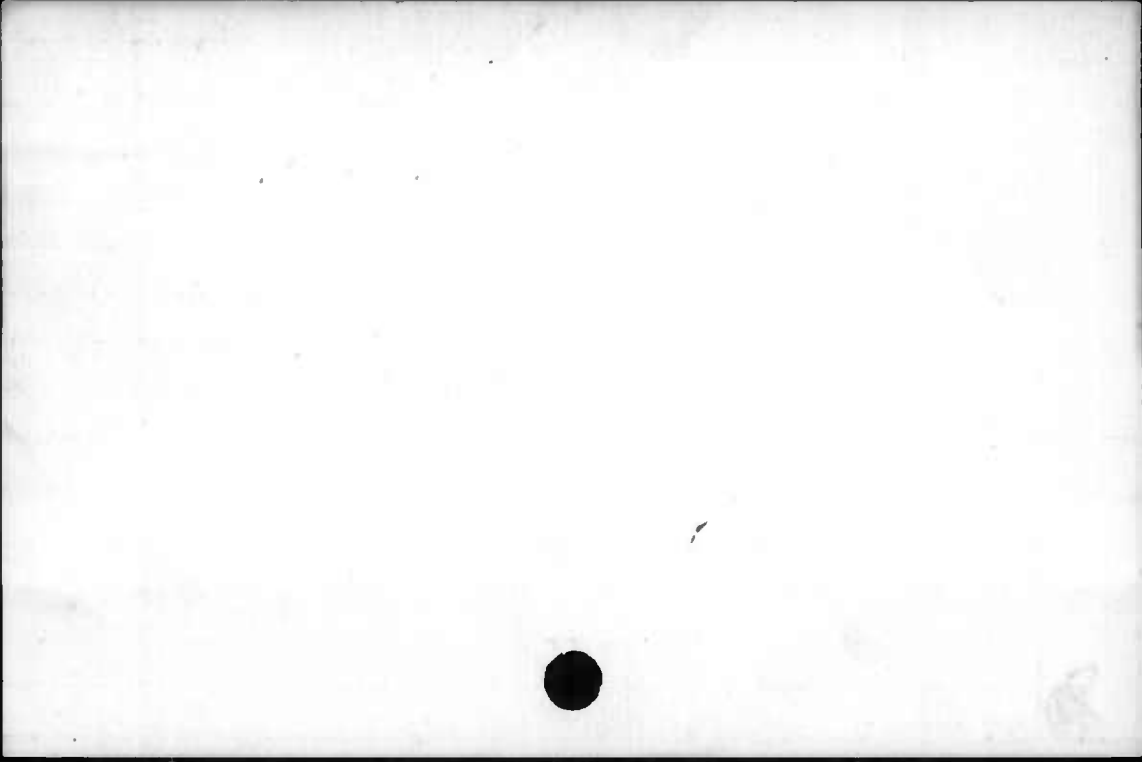
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jane Zacharias</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>10</i>		Day <i>8</i>		Years <i>62</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>City</i>			
Occupation <i>Musician</i>		Where Residing if not at place of death <i>Baltimore Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Daniel Zacharias</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Catherine Forney</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Mrs & Dunott</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchial Asthma + Canine</i>	How long <i>97</i>	How long <i>Not known</i>
Immediate <i>General exhaustion</i>	How long <i>Gradual</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Johnson</i>	Address <i>Frederick. Md.</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Frederick* Town

County

Date

of death *1906*

Month

10

Day

15

Years

Age *about 30* -

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Hungary*

Occupation

*Labourer*Where Residing if not
at place of deathMarried, Single
or ~~Widowed~~Name of Wife or
Husband*X*Father's
Name*X*Father's
Birthplace*X*Mother's
Maiden Name*X*Mother's
Birthplace*X*Name of person giving
Information*Miss - Mrs Clements*How related
to deceased*None*

CAUSES OF DEATH

Primary

Injury resulting from Fall from house

How long

4 days

Immediate

Cerebritis

How long

Are the name, age, sex, color, date
and place correctly given above? *X*Signature of
Physician*F. B. Smith*

Address

Frederick, Md

Accident or Suicide?

X Accident

